

June 1954

# Medical Economics



## Getting a Start in Industrial Practice

*Also in this issue:*

**This Group Made Good!**

**American Doctor in Vienna**

**They Keep Score on Staff Physicians**

only Kolantyl®  
provides this  
four way relief  
of peptic ulcer



Compare the four way action of Kolantyl  
with your prescription for peptic ulcer.

		Kolantyl	Your Rx
1	Antacid		
2	Antipeptic		
3	Antispasmodic*		
4	Antilysozyme-Demulcent		

\*Bentyl—Merrell's distinctive antispasmodic that is more effective than atropine—free from "belladonna burkine"

Every ulcer patient you see  
wants RELIEF — *prompt relief*.  
Only Kolantyl provides this four  
way approach to peptic ulcer:  
antacid, antipeptic, antispasmodic  
and antilysozyme-demulcent.

Give your next ulcer patient  
economical four way relief...  
prescribe good-tasting *Kolantyl*.

# Kolantyl

The Wm. S. Merrell Company... *Pioneer in Medicine for over 125 Years*



Appearance of active duodenal  
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treatment with diet and Kolantyl,  
marked clinical improvement.<sup>1</sup>

Prescribe Kolantyl for  
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gastritis, hyperacidity.

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**Antacid** (magnesium oxide, alu-  
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mediate, prolonged neutralization  
of acid without rebound.

**Antipeptic** (sodium lauryl sul-  
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pepsin and lysozyme.

**Antispasmodic** (Bentyl) relieves  
painful spasm comfortably; su-  
perior to atropine.<sup>2</sup>

**Demulcent** (methylcellulose) pro-  
vides a protective coating of the  
ulcerated area.

**composition:**

Each tablet or 10 cc. Kolantyl Gel  
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Aluminum Hydroxide Gel 400 mg.  
Magnesium Oxide . . . . . 200 mg.  
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Methylcellulose . . . . . 100 mg.

**dosage:**

Prescribe two to four teaspoon-  
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(chewed for more rapid action)  
every 3 hours, or as needed for  
relief.

Gel supplied in 12 oz. bottles—  
Tablets in bottles of 100 and 1,000.

1. HUFFORD, A. B.: *MICH. STATE MED. SOC.* 49: 1508, 1950. 2. MC HARDY, G. AND BROWNE, D.:  
*SOU. MED. J.* 48:1139, 1955.

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June 1954

# Medical Economics

## This Group Made Good! ..... 99

Convinced that the hurdles of group practice are insurmountable? Then read this factual account of four M.D.s who looked before they leaped. You may change your mind

## Crime Doctor ..... 103

His name's Larson; he's not a cop; but he usually gets his man—through his knowledge and use of pathology. Here's a rundown of some of his most exciting cases

## They Keep Score on Staff Physicians ..... 109

In this hospital, a committee of doctors runs 'one of the nation's top-notch audit systems.' They study all clinical records, check into discrepancies, review the work of each M.D. And the men on the staff seem to like it

## A Present for Prexy ..... 122

Does your outgoing medical society president get a gavel or a goose egg? Here are some of the tokens the various state associations give their departing chiefs

## Getting a Start in Industrial Practice ..... 124

Want to take advantage of industry's growing demand for part-time doctors? All you need do is choose the right springboard—and dive in

## The Art of Hatching a Malpractice Suit ..... 131

Just a word here, a gesture there, and you've got the patient's previous physician in a laughable legal fix

## Misadventures of an Insurance Doctor ..... 135

Though a man's home is his castle, it's not the ideal place for a physical exam. Yet that's where most applicants get check-ups (and the M.D. gets a headache)

**MORE ON NEXT PAGE**

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cal Economics, Inc., 210  
Richard St., East Ruth-  
ford, N.J.

Years

## CONTENTS (Cont.)

### American in Vienna ..... 144

Meet Jim Ducey, one of the new crop of U.S. medical men studying under some of Europe's top professors. Why did he go abroad? How does he live and work and have fun? This picture story gives you the answers

### Jottings From a Doctor's Notebook ..... 160

### I'm No Longer a 'Joiner' ..... 163

When he discovered that familiarity too often breeds an empty office or the loss of patients' respect and confidence, this doctor decided that he would do well to keep his club contacts limited—and formal

### Automatic Typing—Boon for Busy Offices .... 179

Why not try it for personalized form letters, diet lists, and instructions? There are other duplicating processes, too, that will help save your office aide's time for more important tasks

## DEPARTMENTS

### Panorama ..... 4

### Sidelights ..... 21

### Letters ..... 45

### Questions ..... 77

### Editorial ..... 97

### News ..... 239

### Memo From the Publisher ..... 280

## NEWS INDEX

144	M.D.s Pay \$34 Million Yearly For Dressings .....	239
160	Union Hospital Project Faces Labor Problems .....	242
163	Cites Figures to Prove TB Not Licked Yet .....	246
	Proposes Sales Tax to Pay Health Costs .....	249
	Devise New Home Study Plan For Physicians .....	250
179	Boom Year Seen for Car Air Conditioners .....	250
	Raps Patients for Lack Of Consideration .....	252
	Physicians Step Up Safety Campaigns .....	255
	Medical Students Given Courtroom Training .....	256
	Physicians Conspire to Put Colleague on TV .....	258
	Sees Signs of Possible Rise in Dividends .....	263
	Doctors Offer Comfort to Tobacco Users .....	266
	Should Doctors Be Paid for Committee Work? .....	269
	Aides Get Special Blue Shield Coverage .....	272

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# Panorama

Where do medical research funds come from? • More M.D.s join tobacco dispute • Tax prospects • The Legion and the chiropractors • A program for screening foreign doctors • Closed-panel plans hit

## Stiffer V.A. Policy

After six months' experience with their new Veterans Administration hospital admission form (10-P-10a), V.A. officials say they're hopeful that they've found a way to keep some undeserving veterans out of V.A. beds.

The new form (an addition to the old V.A. Form 10-P-10) went into general use last November. It must be filled out—and signed—by most veterans seeking admission to V.A. hospitals for non-service-connected disorders. It requires the applicant to describe his financial status, including his average monthly net income for the previous six months, the current value of his real and personal property, and his current expenditures and indebtedness.

Just below the space for the veteran's signature is the warning that "if you knowingly make a false statement of any material fact . . . you are subject to possible forfeiture of veterans' benefits and prosecution in a United States court."

Already, says the V.A., some veterans have looked over this warning and then decided not to seek admission to V.A. hospitals. More important: Word has apparently passed through the veterans' organizations that the old V.A. policy of virtually unrestricted admissions is being stiffened.

## Hits Salaried Men

Look for a stepped-up effort in coming months to outlaw hospital employment of doctors on salary.

Two recent developments:

¶ Iowa's Attorney General has ruled that specialists who work in hospitals on either a salary or percentage basis are guilty of "unprofessional conduct," as defined by the state's medical practice act.

The state board of medical examiners, which originally asked for the ruling, hasn't yet moved to enforce it. But salaried specialists are reportedly negotiating new contracts with their hospitals, to comply with the law.

¶ In Colorado, which has a similar law, the state board of medical examiners *has* taken action. It has ordered doctors now employed by hospitals to get out of salaried practice or have their licenses revoked.

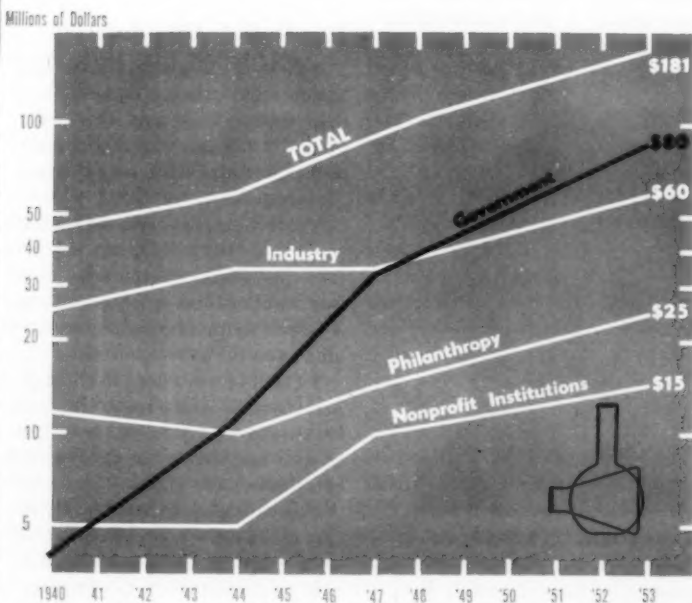
## U.S. Backs Research

Medical research is getting more and more of its funds from the Government every year.

According to the Public Health Service, Federal spending for such research rose from \$2 million in 1940 to \$80 million in 1953. And it may climb as high as \$88 million this year, the A.M.A. recently estimated.

It's significant that, despite the diminished value of the dollar, Government support has also grown *percentage-wise*. The U.S. paid only 4 per cent of the total medical re-

## Sources of Medical Funds, 1940-1953



Figures, rounded out, equal slightly less than the totals. Source: National Institutes of Health.

## PANORAMA

search bill in 1940; today, it foots about 44 per cent.

Almost half of Uncle Sam's contribution now goes to private medical-research centers. This represents a real shift in policy, since few non-Federal projects got Government support in prewar days.

### Tussle Over Tobacco

More and more doctors are being drawn into the argument about the medical effects of smoking. Six prominent M.D.s (and one medical scientist), for example, have been named to the newly formed Scientific Advisory Board of the Tobacco Industry Research Committee.



**HEADS TOBACCO BOARD:** Only non-M.D. on the industry's new Scientific Advisory Board is its chairman, Clarence C. Little.

Their function: "to recommend ways in which money donated by the tobacco industry can best be used for impartial research into all aspects of tobacco use and health."

Provisional chairman of the all-star board is Dr. (of science) Clarence C. Little, Director of the Roscoe B. Jackson Memorial Laboratory of Bar Harbor, Me.

The committee has issued a booklet quoting thirty-odd medical authorities who doubt the suspected link between cancer and cigarettes. [See this month's News department for a fuller report on the pamphlet.]

### Tax Relief Ahead

The Federal income tax you pay next March will probably be still lower than the tax you paid this year—thanks to the first complete revision of the Internal Revenue Code in seventy-three years.

The 875-page rewrite—which had passed the House but was still before the Senate last month—promised additional tax relief to everyone. A few of its provisions as they may affect you if finally approved:

¶ You'll be permitted to claim depreciation by a new method that allows you to recover about two-thirds of your original cost in the first half of an asset's useful life.

For example: In writing off the cost of a \$1,000 piece of equipment with a life of five years, you'll be able to deduct \$400 the first year, \$240 the second, and so on.

¶ Part of your income from stocks will no longer be subject to taxation. The first \$50 of dividends received in 1954—and the first \$100 of income received each year after—can be excluded entirely from your gross income.

¶ As a parent, you'll be allowed to take a teen-age child as an exemption, regardless of how much he may earn.

¶ You (and your patients) will be able to deduct for medical and hospital expenses amounting to more than 3 per cent of adjusted gross income (instead of the present 5 per cent).

## Chiropractors Rebuffed

The American Legion, long a champion of the chiropractors, has apparently had a change of heart.

In the past, the Legion adopted several resolutions backing chiropractic care for veterans. But a recent subcommittee report of its National Rehabilitation Commission urges a strong stand against the pressure tactics of the spine men.

It further recommends that the Legion do no more immediate lobbying on their behalf. Instead, the report calls for a survey to determine whether Legion members actually need or want chiropractic treatment.

The Legion's rank and file will consider these recommendations at their annual national convention in August. Says Dr. Herman Shapiro, Chief Medical Consultant to the Na-

tional Rehabilitation Commission: "We're hoping that . . . we'll be able to dispose of this question once and for all."

## Home Loan Prospect

If you're planning to finance a new home, it may pay you to consider an FHA-guaranteed mortgage. Reason:

In the past, the F.H.A.'s appraisal policy favored low-cost, run-of-the-mill houses. So buyers of more expensive homes weren't often tempted by the lower interest rates of an F.H.A.-guaranteed loan.

But now the agency has ordered its local offices to:

¶ Assure builders that they'll get credit for the "extras" that go into quality housing.

¶ Take into account the higher overhead on such residences.

¶ Cut down the paperwork of applying for an F.H.A. commitment.

¶ Accept more contemporary design.

The F.H.A. hopes that, despite the scandals within the agency, its new policy will attract more better-home buyers.

## Screen Alien M.D.s?

No less than 10,000 immigrant physicians have taken up practice in the U.S. since 1936, says the National Committee for Resettlement of Foreign Physicians. Some 500 to 700 more, it adds, are entering the country each year. [MORE→]

## PANORAMA

According to other estimates, the non-Americans occupy up to a quarter of all the nation's internships and residencies.

In specific areas, the concentration is even higher. Foreign M.D.s fill nearly half of New Jersey's hospital berths. And when one Massachusetts institution recently advertised an opening, it got forty replies—all reportedly from aliens.

Chief question raised by this situation: What effect is the influx of such doctors likely to have on U.S. private practice? Most physicians agree that some form of screening is needed, so that only qualified foreigners will be granted licenses. But just what sort of screening?

There appears to be considerable support for one plan (brought up at a recent State Department conference) that would require all doctors trained abroad to undergo a period of additional training in the U.S. The National Board of Medical Examiners would then review their qualifications. And those who satisfied the Board would be eligible to apply to the various states for medical licenses.

### Panel-Plan Fight

Organized medicine and the closed-panel prepay plans are now locked in a contest that's being likened to the one in 1938 that brought on the great court case of the United States vs. the American Medical Association.

Once again, organized medicine may be charged with having violated the Sherman Anti-Trust Act. Once again, the issue may be argued all the way to the U.S. Supreme Court.

Those closed-panel schemes that face being curbed—if not actually run out of business—include the Health Insurance Plan of Greater New York; the Kaiser Foundation Health Plan on the West Coast; the Labor Health Institute of St. Louis; the plan of the Endicott-Johnson Company in Binghamton, N.Y.; the Cooperative Health Insurance Plan of Milwaukee; etc.

The fight now going on in New York is said to give a cue to what may be expected elsewhere in the country. At its recent annual meeting, the New York State Medical Society made two significant moves:

1. It upheld charges against a local M.D. who had let his name be included in H.I.P. advertisements.
2. It authorized changes in its code of ethics that could destroy H.I.P.-type plans, and it called for similar changes in the A.M.A. code.

The state society did not expel the physician who had lent his name to H.I.P. advertising. But it did warn such men that similar conduct thereafter would be deemed a basis for disciplinary action.

One dissenting medical society officer said, "I think the state association's action was unwise. It will serve only to martyrize H.I.P. We might better have let the closed-panel plans



die a natural death. Publicizing them is going to help rather than hinder them."

Most other society spokesmen seemed to disagree. Said one: "The closed-panel plans are growing all the time. We've got to take positive action against them now. We'll simply have to accept the risks inherent in that action."

The changes in the ethics code of the New York medical society:

¶ Advertising is unethical if aimed at getting patients for a panel of physicians of a medical care plan.

¶ The practice of medicine by physicians on a salary should be restricted to institutions where patients are "public charges."

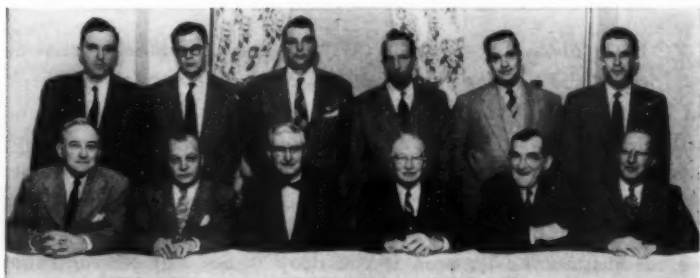
¶ Free choice of physician (a re-

quirement of the present code) will be understood to be vitiated if the patient has to choose his physician from a panel.

¶ Proration of fees is not unethical if physicians or surgeons actively provide care and if the fee is paid by an insurance company.

H.I.P. lawyers say the revised code would make it difficult, if not impossible, for their plan and others either to attract subscribers on a satisfactory insurance basis or to attract acceptable young doctors for their staffs. They charge that the action of the medical society is an attempt to "hamper and destroy H.I.P. for commercial, political, and economic reasons wholly unrelated to matters of medical ethics."

## **Chips Off the Old Block**



"Hi, Dad," might well be the staff motto at St. John's Hospital in St. Louis. Twelve of its hundred-odd staff physicians belong to father-son medical teams. Here for the annual dinner are (left to right): Drs. Joseph Costello and Joseph Jr., Joseph Peden and Joseph Jr., Charles and Arthur Neilson, Augustus and Girard Munsch, Linus and Robert Ryan, and Otto and Francis Lieb.

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after

3:45  
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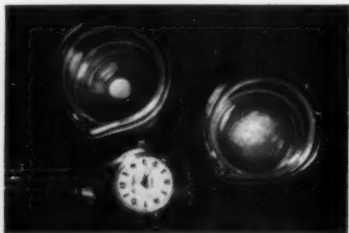
# ret. Earlier Blood Levels from



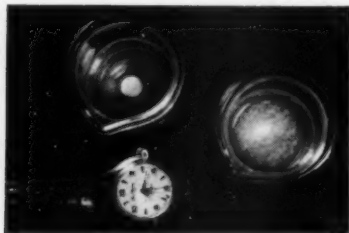
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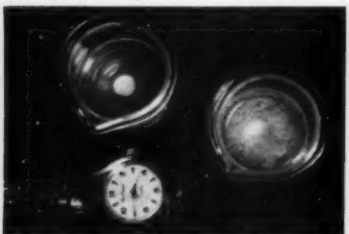
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Travert 10%-Electrolyte No. 1	50.0	10.0	0.1	0.0	0.0	5.0	—	Travert 10%	Any
Travert 10%-Electrolyte No. 2	50.0	10.0	—	20.0	20.0	5.0	—	Travert 10%	Any
Travert 10%-Electrolyte No. 3	50.0	17.5	—	10.0	—	5.0	—	Travert 10%	Any
Ammonium Chloride 5.14%	—	—	—	100.0	—	—	—	—	Any
Barro's	100.0	10.0	—	100.0	10.0	—	—	—	Any
Ba/S Sodium chloride	100.0	—	—	100.0	—	—	—	Travert 10%	Any
Travert 10%-Potassium Chloride 0.7% in Water	—	10.0	—	—	—	—	—	Travert 10%	Any
Travert 10%-Potassium Chloride 0.7% in 0.45% NaCl	—	10.0	—	—	—	—	—	Travert 10%	Any
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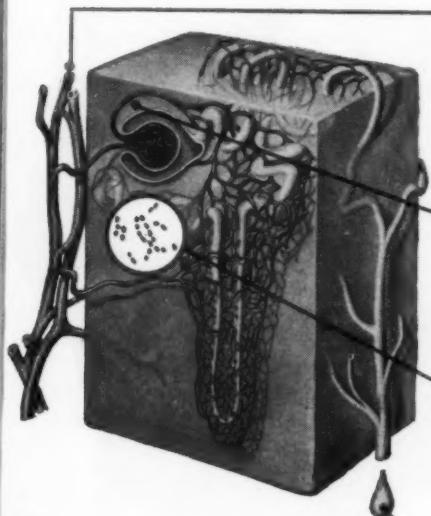
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Emotional disorders are notorious enemies of adequate nutrition. Anxiety, anorexia, eccentric diets, vomiting, or diarrhea either may limit vitamin intake or impair absorption. Vitamin supplementation is a positive way to guard against vitamin depletion during periods of stress.

**MERCK & CO., INC., RAHWAY, N.J.**—as a pioneer manufacturer of Vitamins—serves the Medical Profession through the Pharmaceutical Industry.

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# Sidelights

The satisfactions of prac-

ticing good medicine • Cultists are clever talkers • Waiting patients can cost you money • Not enough G.P.s on medical faculties • Doctors with oddly appropriate names

## Job Satisfaction

One doctor in our town is a top-drawer craftsman—thorough, punctilious, brilliant, exacting. Another is a bit slovenly in his thinking, a bit superficial in his examinations. Yet most patients don't notice the difference.

Are people really content with less than a doctor's best? Worse than that, sometimes. They may actually hold it against him when he tries to do his best. If the patient wants a medicine for his upset stomach, he doesn't mind talking a little about his gastric and other troubles. But he may sometimes object to a gastrointestinal X-ray or a proctoscopy. So the practitioner who wants to do a thorough professional job may occasionally say to himself, "What's the use?"

What makes this doubly dangerous is that the private practitioner has little professional supervision. He seldom has to justify his examination, his diagnosis, his treatment. So it takes dedicated effort on his

part to keep the tools of professional craftsmanship bright.

Curiously enough, all but a very few doctors we know make that effort. What makes them do it? Not money; not recognition; but simply pride in their work.

As long as this sort of job satisfaction prevails in medicine, the slovenly and the superficial won't amount to much. And patients will probably never know how lucky they are.

## They're Clever With Words

"Medicine is a method which produces morbid phenomena in a body . . . Chiropractic is a method of restoring health."

Much cultist literature contains definitions like these. And the odd thing is, they're often derived from some medical dictionary. Thus physicians run the risk of being confounded by their own authoritative sources.

One doctor we know decided to run down these strange definitions. He found that the most recent edi-



*"...and be sure to take your VITAMINS!"*

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## SIDELIGHTS

tion of the Gould Medical Dictionary says chiropractic is "a method which aims at restoring health . . ." According to the same source, medicine is ". . . the science of treating disease." This seems to give the edge to chiropractic, at least in semantics. Our doctor-researcher can't help feeling that medical lexicographers ought to do better than that.

But their aberrations are nothing compared to what the cultists make of them. That quote about "morbid phenomena" in medicine, for instance. Where does that come from?

Our semantic sleuth found that it came from Gould's 1945 definition of "allopathy." Here's the full definition as it appears in that text:

"Allopathy: according to Hahne-

mann, who invented the term, allopathy is *that method of treatment of disease consisting in the use of medicines the action of which, upon the body in health, produces morbid phenomena different from those of the disease treated*: erroneously used for the regular medical profession."

The cultists use only the italicized parts. They never mention that this alleged definition of "medicine" is (a) not taken from the latest edition of Gould's; (b) not intended as a definition of medicine, but of allopathy; and (c) not intended to be read without the qualifying phrases, "According to Hahnemann . . ." and "erroneously used . . ."

How can our profession combat such mumbo-jumbo? One way is to

For that patient not doing as well as you'd like on  
ammonium chloride, xanthines, aminophylline, resins and  
other less effective diuretics

# NEOHYDRIN®

(sodium 2-chloro-6-aminocaprylate)

normal output  
of sodium and water

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*A dynamic approach to better health for the aging patient\**



**IN THE 40's AND 50's**

"disease or body change is lurking in the background"† even though the individual may feel in good health. In this age group "Mediatric"® will help prevent premature atrophic changes due to waning sex hormone function and inadequate nutrition.

**IN THE 60's AND 70's**

involutional changes become increasingly apparent as the body loses its ability to resist environmental stress.

"Mediatric"® will aid the aging economy cope more successfully with three important stressors: gonadal hormone imbalance, dietary insufficiency, and emotional instability.



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functional impairment is at its peak and, in most cases, is the end result of progressive disorders which had their onset in the forties. Patients treated with "Mediatric"® have responded with increased physical vigor, improved muscle tone, and better emotional balance

†Kountz, W. B.: J.A.M.A. 153:777 (Oct. 31) 1953.



**"MEDIATRIC"®**

*Steroid-nutritional compound*

STEROIDS . . . to counteract declining sex hormone function  
NUTRITIONAL SUPPLEMENTS . . . to meet the needs of the aging patient  
A MILD ANTIDEPRESSANT . . . to promote a brighter mental outlook

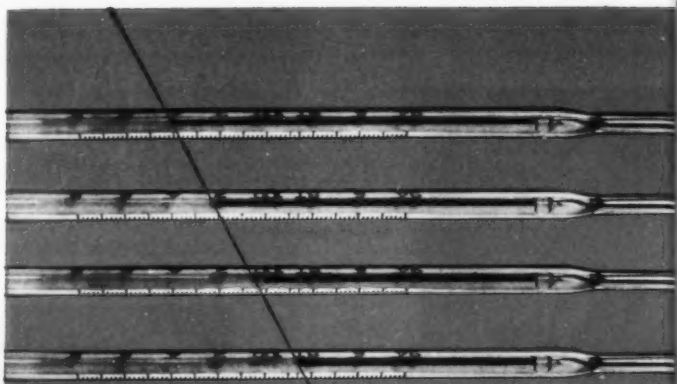


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Capsules, No. 252 — bottles of 30, 100, and 1,000.  
Liquid, No. 910 — bottles of 16 fluidounces and 1 gallon.

Average dosage, 1 capsule or 3 teaspoonfuls of liquid, daily.



# AIH *afebrile in hours* Tetr

Simple, dramatic proof of the effectiveness of Tetracycline is offered by the characteristic rapid defervescence noted in the treatment of a wide range of susceptible infectious diseases. *Think of Tetracycline* whenever you take a temperature for an AIH response in Tetracycline-sensitive infections.

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*"... its use is followed by a  
rapid clinical response. Symptoms,  
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up within 24 to 48 hours."*

English, A. R., et al.: Antibiotics Annual (1953-1954),  
New York, Medical Encyclopedia, Inc., 1953, p. 70.

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Brand of **tetracycline hydrochloride**

tetracycline represents a nucleus  
of modern broad-spectrum  
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With it you may expect  
*unexcelled tolerance*  
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**TETRACYCYN TABLETS**  
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100 mg. and 50 mg.

**TETRACYCYN ORAL SUSPENSION**  
(amphoteric) (chocolate flavored)  
Bottles of 1.5 Gm.

**TETRACYCYN INTRAVENOUS**  
Vials of 250 mg. and 500 mg.

**TETRACYCYN OINTMENT (topical)**  
30 mg./gram ointment  
½ oz. and 1 oz. tubes

BASIC PHARMACEUTICALS FOR NEEDS BASIC TO MEDICINE

## SIDELIGHTS

hit hard at the word "allopathy" itself. It's a meaningless term today. Worse, it makes medicine sound like a cult. The word was conceived in derogation by Hahnemann, and today anyone hostile to medicine can make the word fairly drip with contempt. Naturopath, osteopath, homeopath, allopath—they all sound alike to the layman.

We can clear up some of the confusion by renouncing the title of "allopath" whenever, as the dictionary says, it's "erroneously used."

### Deduction for Delays

Patients don't often get away with adjusting their own bills downward. Here's one who did. His letter is


printed just as we received it from a physician in Milwaukee:

Dear Doctor:

I received your bill for an office visit. I have purposely postponed payment to give this substantial thought before I acted.

My appointment (which took two and a half weeks to secure) was scheduled for 3:30. To be present, I had to absent myself from work. This I realized. But when you delayed seeing me until 4:20, I lost some additional time. I do not feel that this should be *my* loss.

Therefore, with your permission, I shall deduct from your bill as follows:



**Whole-root** Raudixin lowers blood pressure safely, smoothly, gradually. Add veratrum or other potent hypotensive agents in refractory cases. Raudixin as base-line therapy lessens the side effects of such agents. Raudixin, confirmed by time and test, is the most prescribed of rauwolfia preparations. 50 mg. and 100 mg. tablets, bottles of 100 and 1000.

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**Raudixin**  
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With G-E diagnostic  
x-ray units, you can  
start small ...

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**MAXICON** line can be built  
up a step at a time. Add  
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**T**HE Maxicon table shown here is just one of the broad Maxicon line. In addition, General Electric offers two other types of diagnostic tables:

- **MAXISCOPE®** that gives you every feature you've sought in conventional x-ray apparatus.
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All three provide modern radiographic and fluoroscopic facilities ... each is built to the exacting

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And remember — you can get any of these units — *with no initial investment* — under the G-E **Maxiservice®** rental plan. What's more, if you want to upgrade or "trade-in" your rented unit, there's no obsolescence loss.

Get all the facts from your G-E x-ray representative, or write X-Ray Department, General Electric Company, Milwaukee 3, Wisconsin, for Pub. C-6.

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## SIDE LIGHTS

Office visit .....\$5.00  
Fifty minutes' delay ... 1.45  
Balance due .....\$3.55

If you do not consider this just, please inform me and I shall co-operate.

Yours sincerely,

Deductions like this one aren't common, of course. But they could become so. The least each of us can do is to run our office as though they were.

### Where Are the Models?

If you look through the faculty roster at your medical school, you probably won't find a general practitioner on it.

This may explain the oft-lamented fact that today's medical student seldom sees a patient treated, but only a disease. He seldom learns that patients have family troubles and financial limitations; that they're chained down to jobs; that they can't always do what, in theory, they should do to get well.

Young doctors-to-be need models to copy. Not so many decades ago, their model was the professor who could lance an ear or a boil, feel an enlarged liver, drain a sinus, cut a corn, or work out an infant-feeding formula—all with equal effectiveness. He became the beau-ideal of the budding doctor in the early 1900s.

But we have thrown away the

AN EFFECTIVE TRANQUILIZER-ANTIHYPERTENSIVE,  
ESPECIALLY IN MILD, LABILE ESSENTIAL HYPERTENSION....

**Serpasil**<sup>T.M.</sup>  
(RESERPINE CIBA)

*A pure crystalline alkaloid of rauwolfia root  
isolated and introduced by CIBA*

Virtually every patient with essential hypertension can benefit from the tranquilizing, bradycardic and mild antihypertensive effects of Serpasil therapy.

Mg. per mg., Serpasil has a therapeutic effectiveness ratio of approximately 1000 to 1 compared with the whole root. Tablets, 0.25 mg. (scored) and 0.1 mg.

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**NOW! Examine the patient...  
change the dressing  
—without removing  
the adhesive!**

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**Curity Ready-Made Adhesive Ties Save Time and  
Trouble...Tape is Non-Wrinkling, Comes Off Clean**

You can see the advantages of this dressing at a glance—it simplifies your examination of the patient, and makes it far easier to change dressings. Saves you time. Eliminates patient discomfort from frequent tape removal.

*Curity Ready-Made Adhesive Ties* hold the dressing securely, stay on for days. New *Curity* adhesive mass gives added sticking power, yet comes off clean when removed. Helps eliminate tape shifting, corner curling and wrinkling—and you can't buy a *less irritating* adhesive!

Why not try this convenient *Curity* dressing technic? Available in 9-inch and 5½-inch widths, in 5-yard rolls.

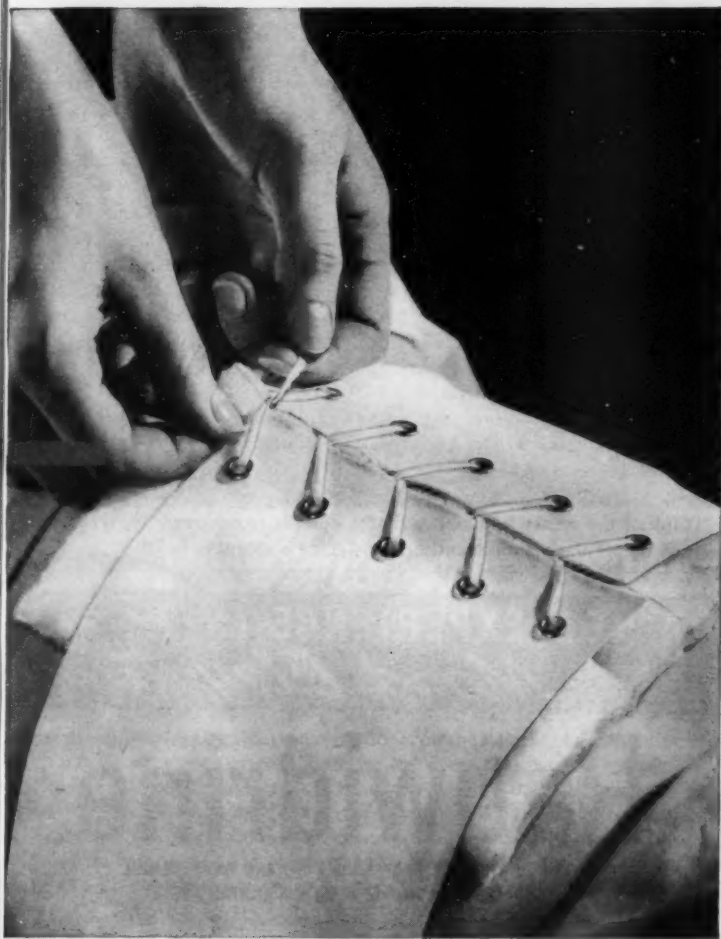
**Curity**  
THE BAUER & BLACK COMPANY  
**ADHESIVE TIES**

**(BAUER & BLACK)**

Division of The Kendall Company  
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Chicago 6, Illinois







Especially valuable in heavy drainage cases, *Curity* Ready-Made Adhesive Ties are easy to use for either "Montgomery straps" or "adhesive corsets." Simply cut lengths desired, apply adhesive section to skin, and lace dressing firmly over wound. To change dressings, just untie, replace pad and retie.

## SIDELIGHTS

mold. We won't have any real renaissance of the G.P. until medical students again have G.P. models to copy. And we won't have the models until our medical schools let more of them in through the side door.

### Name Trouble

They say that humor is based on incongruity. What, then, can be said about the plight of medical men who practice under the handicap of an entirely too congruous name?

Imagine the witticisms that must be showered daily on Dr. Albert M. Pain of Hamilton, Ontario, and Dr. Arthur M. Blood of New Orleans. Think of the weary half-smiles that must be regularly summoned up by

Dr. Nathan E. Needle of Baltimore and Dr. Edmund W. Ill of Newark, N.J. Consider the colleagues' jokes that must assault Dr. Charles C. Swab of Cedar Rapids and Dr. Ross H. Axe of Winfield, Kan.

These names are taken from the American Medical Directory, and their owners are undoubtedly proud of them. But they must occasionally wonder whether Dr. Frank G. Slaughter of Jacksonville, Fla., didn't have the right idea. Dr. Slaughter gave up medical practice to become a full-time novelist. "I didn't have quite the right *name* to go on practicing," he once explained.

His longer-suffering colleagues deserve some sort of recognition. This is meant to be it.

A NEW EXPERIENCE IN

*Mood Elevation*

# Rauwidrine™

A COMBINATION OF RAUWILOID 1 mg. AND AMPHETAMINE  
SULPHATE 5 mg. IN ONE SLOW-DISSOLVING TABLET

The combined central effects of Rauwiloid and amphetamine largely eliminate the cardiac pounding, insomnia, jitteriness engendered when amphetamine alone is used —and all without the use of barbiturates.

**Riker**

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## *where does* *fit in your practice?*

Because of the widening recognition of the gelatine-protein in dietotherapy, Knox in recent years has found it advisable to publish a number of new medical service brochures on the newer uses of gelatine in protein-deficiency states. Some of the basic reasons why gelatine (Knox) is expandingly useful in practice are the fact that it is all protein; because it contains 7 out of the 8 essential amino acids; because, like milk, it is a protective colloid and has a marked acid neutralizing value with a neutral pH range of 6.2-6.4; because it contains 17 out of the 23 accepted amino acids and is 25 per cent useful glycine; because it is low in sodium and is both sugar and flavor free and hence adds no extra or associated calories to a basic reducing diet; finally, since gelatine (Knox) yields 18 per cent nitrogen, it is particularly important for its specific dynamic action on which much more attention is now being focused. A possible new factor of usefulness was recently reported<sup>1</sup> showing that 6 per cent gelatine added to the basal ration of rats was more effective on account of its threonine content than a number of other compounds in reducing liver fat.

1. Harper, A. E., Monson, W. J., Benton, D. A., and Elvehjem, C. A.: The Influence of Protein and Certain Amino Acids, Particularly Threonine on the Deposition of Fat in the Liver of the Rat, *J. Nutrition* 50:383-393, July 1953.

*as... a further service to*



#### **Knox Gelatine in Fragile Fingernails**

Knox Gelatine has been reported to be of value in the treatment of soft, peeling, easily broken fingernails, although the mechanism is not yet understood. Patients in these cases were given very small doses — one envelope (7 grams) of Knox Gelatine Concentrated Drink daily.

#### **Knox Gelatine in Geriatric Diet**

Because of its ease of digestion, and its easiness on dentures, as well as the appetizing dishes which can be prepared from it, Knox Gelatine has marked patient acceptance in the geriatric diet.

#### **Knox Gelatine in Peripheral Vascular Disease**

Specific Dynamic Action of proteins is due to four amino acids, including glycine. Knox Gelatine contains over 85% of protein including these amino acids. Following a protein meal high in gelatine, there occurs a peak in specific dynamic action averaging 20% of basal levels and an increase in peripheral blood flow lasting over seven hours.

#### **Knox Gelatine in Allergies**

Knox Gelatine has been found to be so completely without allergenic action that it is particularly useful as a source of protein in the patient where wheat or other allergies are manifest.

#### **Knox Gelatine in Reducing Diets**

All protein — no sugar, Knox Gelatine provides a low caloric base for a wide variety of interesting foods, or as a concentrated protein supplement in the form of Knox Gelatine Drink.

#### **Knox Gelatine for the Developing Child**

Protein not only feeds the machine of the developing child, but is itself the machinery. An abundance of protein for body growth as well as blood, enzyme and hormone synthesis is a primary requirement. Protein must be consumed daily to maintain the structural mass of tissue. Knox Gelatine is easy to digest and provides a useful protein supplement for both cereals and vegetables in the child's diet.

#### **Knox Gelatine as a Blood Builder**

Knox Gelatine has been shown to increase hemoglobin concentration and red blood cell count in refractory anemia patients plateaued to iron who were on a good diet.

**Confession** the following digest of accepted conditions in which Knox Gelatine has been found useful is listed below:

#### **Knox Gelatine in the Diabetic Dietary**

More than 50% of all diabetic patients can be adequately controlled with proper diets. Knox Gelatine offers a convenient, pleasant supplement for varying the diabetic diet with pure food protein devoid of extraneous carbohydrate.

#### **Knox Gelatine in Gastric Ulcer Cases**

Leading authorities have recognized that gelatine causes a significant decrease in hydrogen ion and pepsin content of gastric juice and satisfies the pangs of hunger, thus reducing the causes of gastric irritation.

#### **Knox Gelatine in Diarrhea**

Knox Gelatine is completely digestible and readily absorbed with minimal effects on peristalsis. Thus it has been found widely useful in the treatment of diarrhea. Furthermore, its colloidal properties when used as a vehicle for other foods lend protective emulsoid aid.

#### **Knox Gelatine as a Vehicle for Milk**

Where the patient finds milk hard to digest, it is suggested that one envelope be dissolved in a quart of milk. It has been shown that 1% of Knox Gelatine reduces the curd tension of milk more than 50%.

#### **Knox Gelatine as a Source of Glycine and Proline**

Knox Gelatine contains the important glycine and proline necessary for hemoglobin formation. It has a high specific dynamic action, spares essential amino acids and furnishes amino acids for the continuous dynamic exchange of nitrogen in the tissues.

#### **Knox Gelatine in Convalescence**

Since illness may be associated with serious protein loss, a high protein diet is called for in convalescence. Knox Gelatine is easy to digest while its supplementary dietary nitrogen will furnish protein without other substances, such as purines, potassium salts, fats or carbohydrates. Knox Gelatine provides a practical way to build up the quantity of protein in food mixtures or menus from tube feeding to a full diet.

#### **Knox Gelatine in Low Sodium Diets**

Knox Gelatine is low in calories, containing 28 calories to the quarter-ounce envelope and only 2 mg. of sodium. All protein, it is useful in low sodium and reducing diets.



## not all... gelatine is made like KNOX

For over fifty years, Knox has had the patient in mind and every one of the seventeen steps in the Knox operation is controlled as carefully as the finest pharmaceutical.

### How to Administer Knox Concentrated Gelatine Drink



Each envelope of Knox Gelatine contains 7 grams which the patient is directed to pour into a  $\frac{3}{4}$  glass of orange juice, other fruit juices or water, not iced. Let the liquid absorb the gelatine, stir briskly, and drink at once. If it thickens, add more liquid and stir again. Two envelopes or more a day are average minimal doses. Each envelope contains but 28 calories.

### KNOX GELATINE HAS USEFUL BROCHURES ON:



The Low Salt Diet  
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Feeding the Sick and Convalescent  
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The Role of Knox Gelatine in Peptic Ulcer and Gastric Disorders  
Feeding Diabetic Patients

Brittle Fingernails  
Knox Gelatine in the Diet of Colitis and Digestive Disorders  
Controlling Peptic Ulcer with Knox Gelatine  
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Behind the Scenes with Knox Gelatine

*You may have a supply of any of these helpful brochures by filling in the coupon below.*

### For Your Patients' Protection

Be sure you specify KNOX so that your patient does not mistakenly get factory-flavored gelatine dessert powders which are 85% sugar.

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Please send me new current brochures. I am particularly interested in (subjects).....

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**KNOX Gelatine U.S.P. ALL PROTEIN NO SUGAR**



Available at grocery stores in 4-envelope family size and 32-envelope economy size packages.

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# Have You Adopted THE SKIN CARE METHOD that WRITES OFF BED SORES AND BED CHAFE?

## Positive Protection

by lubrication follows routine use of DERMASSAGE—  
lotion type rub with germicidal hexachlorophene,  
oxyquinoline and other therapeutic values.

DERMASSAGE enhances the benefits of massage and of  
routine body rubs, reduces bed sores and bed chafe  
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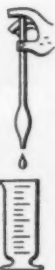


### TEMPORARY SORENESS

Repeated drying out  
of skin result from  
frequent evaporating rubs,  
which also make skin  
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1000 CC. H<sub>2</sub>O  
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Due to the marked affinity  
of alcohol for moisture, the  
contents of the 1 cc.  
pipette above, added to the  
1000 cc. of water, will be  
immediately dispersed  
through it. THUS alcohol  
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moisture of the skin when  
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**MATERNAL MORTALITY?** Steadily declining.

**SEVERE SURGICAL SHOCK?** Frequency greatly reduced.

**BED SORES?** Where DERMASSAGE therapeutic lotion rubs are  
routine, *practically a closed chapter in medical and nursing history.*  
Even the vexation of minor sheet burns is reduced to the vanishing  
point in the overwhelming number of cases where DERMASSAGE  
care has been adopted.

The reason for success of this method is as inescapable as most  
other scientific truths, once established: skin chafing and bed sores  
can be *prevented* in nearly every case by regular application of a  
softening, emollient rub—especially one which also reduces risk of  
infection . . . DERMASSAGE not only avoids the skin drying  
effects of earlier rubs, but gives *positive protection* against chafing  
and soreness.

Have you adopted the skin care which  
*defeats bed sores before they develop?*

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#### DERMASSAGE

to your unqualified  
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Sample of DERMASSAGE.

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The convalescent or "run-down" patient  
feels better faster  
with the correction of the accompanying  
low-grade anemia  
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\*The original, clinically proved cobalt-iron product.

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## SUPPLIED:

*Roncovite Tablets*—enteric coated, red. Each contains cobalt chloride, 15 mg.; anhydrous ferrous sulfate, 0.2 Gm.; bottles of 100.

Dose: one tablet 4 times a day.

*Roncovite Drops*—each 0.5 cc. contains cobalt chloride, 40 mg.; ferrous sulfate, 75 mg.; bottles of 15 cc. with calibrated dropper.

Dose: 0.6 cc. daily.

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not an estrogen  
but not anti-estrogenic

Today caution surrounds the indiscriminate use of estrogenic hormone therapy—the consensus being that it should be used only in endocrine deficiency.

In contrast to the possibility of untoward effects from estrogenic therapy, ERGOAPIOL (Smith) with SAVIN combines remarkable freedom from side actions. Containing the total alkaloids of ergot, it induces well-defined physiological effects without disturbing the endocrine balance . . . useful in many cases where estrogenic therapy may prove undesirable. Indications are those of ergot.

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**ERGOAPIOL** (SMITH) **WITH SAVIN**

Complimentary Package on Request—an professional stationery please.

# PROTECTION



from the "difficult" first trimester

to the time of delivery



## PREGNANCY—A PERIOD OF CONTINUING STRESS

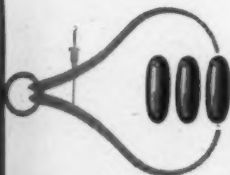
"The adult human female is rarely subjected to greater stress than during pregnancy."<sup>1</sup> Accumulating data show that "notoriously, women enter pregnancy in complete or subclinical nutritive failure."<sup>2</sup>

## SUPPLEMENTATION SHOULD BEGIN EARLY

Tompkins<sup>1</sup> emphasizes that "one of the greatest errors in the management of pregnancy" is the "failure to stabilize the patient (nutritionally) and add needed supplementation early in pregnancy." He strongly recommends that all patients be supplemented with vitamins and minerals to insure protection.<sup>1</sup>

# Natalins

the new **smaller** prenatal capsules



*smaller size...*

easier to swallow... do not cause or contribute to nausea or regurgitation

*smaller dosage...*

only 3 capsules daily

## NATALINS PROVIDE EFFECTIVE NUTRITIONAL SUPPORT

Balanced amounts of 13 vitamins and minerals are provided by Natalins in small, attractive, easy-to-swallow capsules. With Natalins<sup>®</sup>, your patients get exceptional vitamin-mineral support during the stress of pregnancy. Natalins contain more effective veal bone ash (tricalcium phosphate, not dicalcium phosphate) which provides calcium and phosphorus in a ratio of 2:1—exactly as in human bone.

1. Tompkins, W. T., in Lott & Kimbrough: Clinical Obstetrics, Philadelphia, Lippincott, 1963, pp. 182-200. 2. Guerin, W. F.: Texas State J. Med. 62: 274, 1966.


The Natalins formula:	3 capsules daily supply:
Vitamin A.....	6000 units
Vitamin D.....	600 units
Ascorbic acid.....	100 mg.
Thiamine.....	3 mg.
Riboflavin.....	4.5 mg.
Niacinamide.....	30 mg.
Pyridoxine hydrochloride.....	6.5 mg.
Calcium pantothenate.....	3 mg.
Folic acid.....	1 mg.
Vitamin B <sub>12</sub> (crystalline).....	1 mcg.
Iron (from ferrous sulfate).....	22 mg.
Purified veal bone ash to supply:	
Calcium.....	375 mg.
Phosphorus.....	188 mg.
Natalins also contain traces of copper, zinc, manganese, magnesium and fluorine.	
All vitamins are in synthetic (physiological) form.	
Bottles of 100 and 500 capsules.	

**MEAD**

MEAD JOHNSON & COMPANY  
EVANSVILLE, INDIANA, U. S. A.

*To restore the "know-how"*





Each Mephate® capsule contains 0.30 Gm. of glutamic acid hydrochloride with 0.25 Gm. of mephenesin.

# relaxation

*for anxiety-tension patients*

Mephate® is a preferred skeletal-muscle relaxant, because its glutamic acid hydrochloride component enhances the systemic action of the mephenesin, thus providing:

- effective relaxation on lower mephenesin dosage\*
- therapeutic response in many patients previously unresponsive to mephenesin alone.\*

A. H. ROBINS CO., INC., Richmond 20, Virginia  
Ethical Pharmaceuticals of Merit since 1878

## Mephate®

*the improved relaxant*



\*Hermann, I. F. and Smith, R. J.: Journal-Lancet 71:271, 1951.



# Making the Diabetic Diet fit...



**Your patient may feel an outsider** both at home and away from home when diabetes upsets his eating habits. Here are some diet "do's" to help fit the menus to his way of life:

## At home—

Try to adapt favorite recipes to the diet. Then build the rest of the diet prescription around them.

Suggest that measured portions be served in dishes that fit the serving.

Where possible, let your patient use a food exchange list for variety.

## Away from home—

Explain that insulin demands food with the urgency and regularity of an alarm clock. A light snack can tide him over to a late dinner, but the calories count.

Allow extra carbohydrate for extra activity. And suggest hard candies as a precaution against insulin reaction.

If possible, plan for low-calorie wafers when others nibble canapés or chocolates.

A diet that fits in smoothly with your patient's family and social life means you'll have his fullest co-operation, and he'll lead a happier life.

**United States Brewers Foundation**  
**Beer—America's Beverage of Moderation**

Carbohydrate 9.4 Gm.; Protein 0.8 Gm.; Fat 0 Gm.; Calories 104/8 oz.\*

If you'd like reprints for your patients, please write

United States Brewers Foundation, 535 Fifth Avenue, New York 16, N. Y.

\*Average of American beer



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To COMPARE  
You'll Choose

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PROFEXRAY 100 MA-100 KV  
COMBINATION MODEL TC-3C  
RADIOGRAPHIC AND FLUOROSCOPIC UNIT

ONLY \$3180 F.O.B. MAYWOOD, ILL.

For example, here's a full 100 MA-100 KVP (not just 10 MA at 100 KVP) Combination Radiographic and Fluoroscopic Unit that will fill *all* your needs. Yet, it's so simple to use that even an office assistant can easily learn to take and develop perfect radiographs — at the actual time of installation.

YOU GET ALL THIS AND MORE **for just \$ 3180!**

Check these important EXTRA features in the Profexray TC-3C unit:

1. Complete focal spot protection of the tube at *ALL* MA, time and KV factors.
2. Console Control (not small pedestal type).
3. Simplified controls with clear, accurate calibrations. (You don't have to use a magnifying glass to get the setting you want!)
4. Electronic Timer—for chest exposures as fast as 1/20 second.
5. Separate Tube Stand—for added flexibility in handling equipment and patients. Perfectly balanced in all table positions. 6-foot chest radiographs can be taken without manually measuring distance from each patient.

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For still more proof—read Profexray's exclusive triple guarantee . . .

1. Profexray units offer much more in convenience, accuracy and construction features than any apparatus of comparable power—and Profexray costs far less.
2. Our representative will call at your convenience—and give you full details of Profexray performance, price and convenient credit terms—with *absolutely no obligation to you.*
3. If you decide to take advantage of Profexray—you must be 100% satisfied that you yourself or your assistant can take and develop as fine a radiograph as you have ever seen, using your very own unit at the time it's installed—or the equipment will be removed without charge or obligation.

*Doctor, can you afford NOT to investigate Profexray further? Write, phone or wire COLLECT—TODAY—to have our representative call on you at your convenience.*

*More Than 16,000 Profexray Units Now In Use Throughout The World*



**DESITIN OINTMENT** achieved "significant amelioration" or practically normal skin in 96¾% of infants and children suffering intense edema, excoriation, blistering, maceration, fissuring, etc. of contact dermatitis. This and other recent studies recommend Desitin Ointment as "safe, harmless, soothing, relatively antibacterial"..... protective, drying and healing.<sup>2-4</sup>

samples and reprint<sup>1</sup> available from

**DESITIN** CHEMICAL COMPANY

70 Ship Street • Providence 2, R. I.



new 3 year study<sup>1</sup> shows  
"beneficial effect" of

# DESITIN<sup>®</sup> OINTMENT

the pioneer external cod liver oil therapy

in extensive dermatitis, diaper rash, severe intertrigo, chafing, irritation (due to diarrhea, urine, soaked diapers, etc.)

Desitin Ointment is a non-irritant, non-sensitizing blend of high grade, crude Norwegian cod liver oil (with its high potency vitamins A and D, to benefit local metabolism, and unsaturated fatty acids in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrement. Dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz.; 1 lb. jars.

1. Grayzel, H. C., Helmer, C. B., and Grayzel, H. W.: *New York St. J. M.* 53:2233, 1953.
2. Helmer, C. B., Grayzel, H. G., and Kramer, B.: *Archives of Pediatrics* 68:382, 1951.
3. Behrman, H. T., Conboy, F. C., Behrman, A., and Levitt, R.: *Ind. Med. & Surgery* 18:512, 1946.
4. Turell, R.: *New York St. J. M.* 50:2282, 1950.



WS in chronic calcific tendinitis—

*"unusually good results"*

*"easy, safe, and free of side-reactions"*

*"adaptable for routine office use"*



A 1-cc. injection of sustained-action MY-B-DEN, daily or every other day, relieved pain and disability in 44 out of 53 patients. In nine patients awaiting surgery, relief was "so gratifying" that operation was cancelled.<sup>1</sup> Equally successful results have been reported by other investigators.<sup>2,3</sup>

**MY-B-DEN<sup>®</sup>**

(adenosine-5-monophosphate)

**Supplied:** MY-B-DEN Sustained-Action in gelatine solution: 10 cc. vials in two strengths, 20 mg. per cc. and 100 mg. per cc. adenosine-5-monophosphate as the sodium salt.

1. Susinno, A. M., and Verdon, R. E.: J.A.M.A. 154:239 (Jan. 16) 1954.

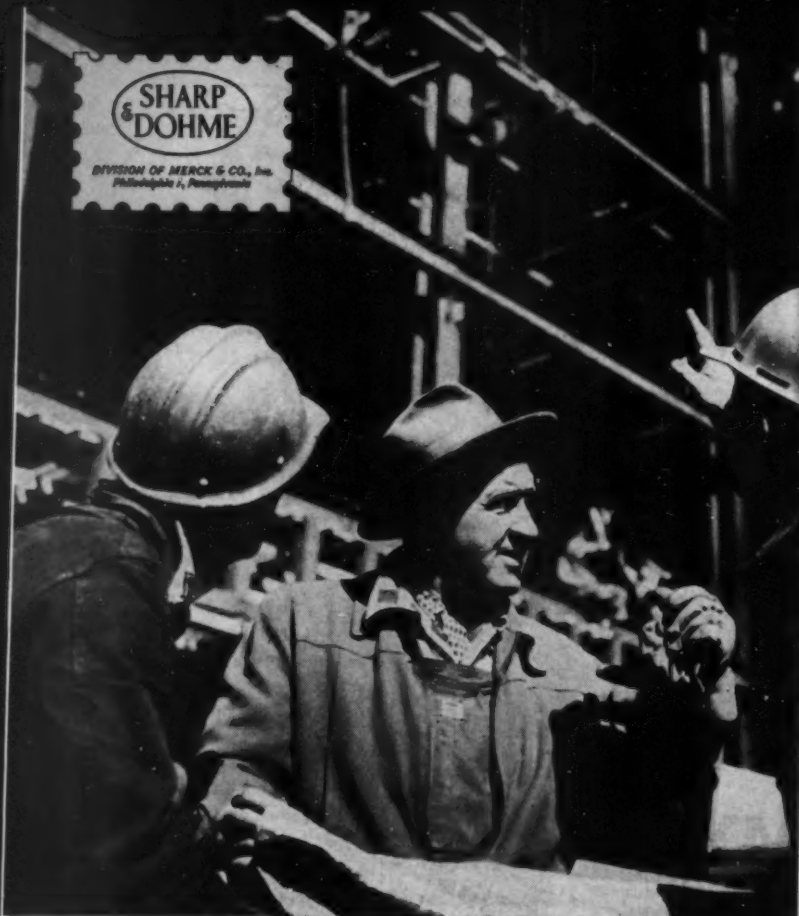
2. Rottino, A.: Journal Lancet 71:237, 1951.

3. Pelner, L., and Waldman, S.: New York State J. Med. 52:1774 (July 15) 1952.

*"pioneers in adenylic acid therapy"*

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ERNST BISCHOFF COMPANY, INC. • IVORYTON, CONNECTICUT



PHOTOGRAPH BY VICTOR E.

For sustained hypotensive action in days of stress

## STOLIC FORTE®

MANNITOL HEXANITRATE, DELVINAL® AND RUTIN

With minimal risk of shock to your hypertensive patient, STOLIC FORTE brings down blood pressure smoothly and effectively. Its action begins promptly, then is gradual and sustained over a course of six hours.

STOLIC FORTE provides in each tablet 30 mg. mannitol hexanitate, for sustained vasodilation... 30 mg. 'Delvinal,' for mild sedation... and 20 mg. rutin. **Quick Information:** Dosage is 1 or 2 tablets at 4 to 6 hour intervals.

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# Letters

Are psychiatrists' fees too high?

• A protest against drafting doctors as privates • Fee splitting termed proper • One way to collect bills • Industrial physicians speak up • Too much mail for this M.D.

## Red Cross Blood

SIRS: A recent article asks, "Who Will Run the Blood Banks?" The answer seems all too clear to those who are being forced out of this field by the Red Cross.

Our objection is *not* to the Red Cross policy of accepting free blood, but to the companion policy of providing the costs of collection and processing from general Red Cross funds.

It seems that the more we explain this point, the less effect our explanations have on the proponents of free blood service.

A. F. Brown, M.D.  
Glendale, Calif.

poses an unacceptable scheme, there's no reason for us to have to offer a counterproposal.

It would be much more to the point to teach the public that Government interference in the present system of medical care is unnecessary and unwise—and will be fought at every turn.

A loud and emphatic "No" is the best answer to the continued badgering of the medical profession by Congress and the socializers. We cannot be for occasional causes just for variety; whatever we're for must have merit in itself.

Charles L. Farrell, M.D.  
Pawtucket, R.I.

DR. FARRELL is Rhode Island Delegate to the A.M.A., as well as a former president of the Association of American Physicians and Surgeons.

## When to Say No

SIRS: A recent MEDICAL ECONOMICS editorial recommends that whenever medicine makes a public statement *against* something it opposes, it should also make two statements *for* things it favors.

But we must oppose bad legislation no matter how often we have to do it. Just because somebody pro-

## Too Full Coverage

SIRS: A short time ago, I read a news item in MEDICAL ECONOMICS that referred to "20 per cent waste in Blue Cross use." How true!

On two separate occasions I've treated patients covered by Michi-

A New Era in Medicine

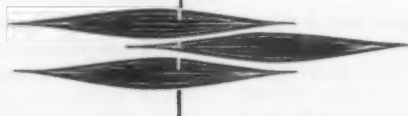
**CLINICAL ENZYMOLOGY**

# Parenzyme

Intramuscular trypsin, 5 mg./cc.



*For rapid, dramatic reduction  
of acute, local inflammation  
regardless of etiology*



## *An Entirely New Type of Therapy...*

**PARENZYME is Safe.** No toxic reactions have been reported following use of this new, INTRAMUSCULAR trypsin.

**PARENZYME is Not an Anticoagulant.** Anti-inflammatory results do *not* depend on alterations of the clotting mechanism.

**PARENZYME Catalyzes**  
a Systemic Proteolytic Enzyme System.

# **apidly reduces acute, local inflammation**

**in phlebitis, thrombophlebitis, phlebothrombosis  
in iritis, iridocyclitis, chorioretinitis  
in traumatic wounds**

PARENZYME has also proved effective in management of varicose and diabetic leg ulcers.

**DOSAGE:** *Initial Course:* 2.5 to 5 mg. (0.5 cc. to 1 cc.) of PARENZYME (INTRAMUSCULAR trypsin) injected deep intragluteally 1 to 4 times daily for 3 to 8 days. *Maintenance Therapy:* In chronic or recurrent diseases, 2.5 mg. once or twice a week may be required for maximum benefit.

Vials of 5 cc. (5 mg./cc.: crystalline trypsin in sesame oil), by prescription only. *Write for complete information.*

**THE NATIONAL DRUG COMPANY** Philadelphia 44, Pa.

## LETTERS

gan's combined Blue Cross and Blue Shield plan. Both times I sent a bill for less than the listed maximum indemnity.

This made no difference. Each time, they paid the top allowable fee, in excess of my charges—and even included an itemized statement.

How generous can you get?

Robert D. Dodd, M.D.  
South Bend, Ind.

SIRS: I'm in favor of Blue Shield and recommend it to my patients.

But I think the enemies of private medicine are trying to force voluntary insurance into a position where it will collapse. They continually push Blue Shield toward "full coverage for everything." (Ike's reinsurance plan is just one more shove in that direction.)

Can you remember when the clamor was only for "coverage for the big things"?

Lawrence T. Brown, M.D.  
Denver, Colo.

### Psychiatrists' Fees

SIRS: The family doctor who feels that a patient needs special treatment from a psychiatrist is usually in for a bewildering sequence of events. Here's what I mean:

First, the doctor gets busy on the telephone and discovers that psychiatric treatment is beyond the means of any but the rich. Fees aren't reduced, he's told, because somehow the patient won't get adequate re-

sults if he isn't willing to pay full fees. So the G.P. tries the public clinics—only to be confronted with a prospect of indefinitely long waits, inadequate facilities, and impatience with this particular case (because "we have worse cases that need care").

I don't blame the psychiatrist. He doubtless knows his problems better than I do. But what are we to do about the patient?

Sidney C. Freund, M.D.  
Brooklyn, N.Y.

### Axe to Grind?

SIRS: Is it possible that the doctors who want the cultist label removed from osteopathy hope for some rewarding referrals from the osteos once they've gained respectability?

M.D., Connecticut

### M.D.-Enlisted Men

SIRS: My husband, Wagner Bridger, M.D., was drafted last June and is now serving in the Army as a private. His application for a commission has been repeatedly denied.

Few people realize that the Army has established a whole category of doctor-privates—at least twenty of them, to my knowledge. Some of the doctors are in this category because they've admitted a connection with one of the approximately 260 organizations blacklisted by the Attorney General.

Others, including my husband, are privates because they refused on principle to answer questions about

## **RELIEVE AND PROTECT**

### **TORTURED BABES THE AMMORID<sup>®</sup> WAY**

*To relieve* common skin irritations accompanied by itching, chafing, or burning, such as prickly heat, intertrigo, and diaper rash; promote rapid healing of excoriations and inhibit secondary infection; and provide an excellent after-bath dressing—

#### **AMMORID** *Dermatologic Ointment*

Contains benzethonium chloride and zinc oxide, in a nongreasy lanolin base. Agreeably scented, easily removed with soap and water or soapless detergents. Supplied in 2-oz. tubes.

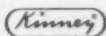
*To protect against diaper rash—*

#### **AMMORID** *Diaper Rinse*

A unique product because it combines a special water-softening agent with methylbenzethonium chloride, which inhibits the formation of ammonia by checking the *Bacillus ammoniagenes*, organism responsible for releasing ammonia from urine. Diapers treated "the AMMORID way" are soft and will not chafe baby's sensitive skin.

Supplied in bottles of 240 Gm. of dry powder (enough for 360 diapers).

***Samples and Literature on Request***



**KINNEY & COMPANY, INC.**  
Columbus, Indiana

## LETTERS

past political beliefs. They have, however, gladly taken the oath of allegiance.

The real point is this: My husband is being used in his professional capacity. He has the same responsibilities and duties as commissioned medical officers—but he is seriously hampered in his work by economic persecution and social ostracism.

Frances Bridger  
El Paso, Tex.

### Fee Splitting

SIRS: Not long ago, you gave space to a lawyer's argument that fee splitting is ethical for attorneys but not for doctors. All I can say is: "Hogwash." What's good for the goose

(lawyers) is good for the gander (M.D.s). Fee splitting is fee splitting, no matter who practices it.

M.D., California

SIRS: Doctors could well take a lead from lawyers. There's nothing wrong in the G.P.'s receiving 10 to 20 per cent of the surgeon's fee.

M.D., Pennsylvania

### H<sub>2</sub>O + F = Slavery?

SIRS: One of your correspondents says he can't see any difference in principle between the use of iodized salt and the fluoridation of city water supplies. And, certainly, both are forms of mass medication.

But one is voluntary, and the other's not. No one's forced to buy

just 2 capsules



a day for anemia



# MOL-IRON PANHEMIC

WHITE LABORATORIES, INC., Kenilworth, New Jersey



FUNNY... OR FATAL?

\*



# REVICAPS

**REDucing  
VITAMIN  
CAPSules**

The REVICAPS formula was scientifically designed to achieve three objectives in helping patients reduce weight:

1. To suppress appetite (with methylcellulose)
2. To improve mood (with d-Amphetamine)
3. To supply the vitamins and minerals necessary to balanced nutrition.

Available on prescription only.

Bottles of 100, 1000.

Dosage: One or two capsules,  $\frac{1}{2}$  to 1 hour before each meal.

**Lederle**

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY PEARL RIVER, NEW YORK

**Each REVICAPS capsule contains:**

d-Amphetamine Sulfate	5.00 mg.	Vitamin B <sub>12</sub>	0.34 microgram	Phosphorus (CaHPO <sub>4</sub> )	108.00 mg.
Vitamin A	1670 U.S.P. Units	as present in concentrated extrac-	tives from streptomyces	Iodine (KI)	0.50 mg.
Vitamin D	167 U.S.P. Units	fermentation		Fluorine (CaF <sub>2</sub> )	0.10 mg.
Thiamine HCl (B <sub>1</sub> )	1.00 mg.	Ascorbic Acid (C)	20.00 mg.	Copper (CuO)	1.00 mg.
Riboflavin (B <sub>2</sub> )	1.00 mg.	Methylcellulose	200.00 mg.	Potassium (K <sub>2</sub> SO <sub>4</sub> )	5.00 mg.
Niacinamide	20.00 mg.	Iron (FeSO <sub>4</sub> exsiccated)	3.34 mg.	Manganese (MnO <sub>2</sub> )	1.00 mg.
Calcium Pantothenate	0.34 mg.	Calcium (CaHPO <sub>4</sub> )	140.00 mg.	Zinc (ZnO)	0.50 mg.
Pyridoxine HCl (B <sub>6</sub> )	0.34 mg.			Magnesium (MgO)	1.00 mg.
Folic Acid	0.34 mg.			Boron (Na <sub>2</sub> B <sub>4</sub> O <sub>7</sub> )	0.10 mg.

\*Lederle Brand d-Amphetamine—Vitamins Minerals.

## LETTERS

iodized salt; but the person who lives in a town with fluoridation has to drink the water.

So, though fluoridation may well be desirable, let's be honest and admit frankly that it's compulsory mass medication.

Charles L. Coyle, M.D.  
Medford, Ore.

### Collecting Bills

SIRS: Why doesn't someone start a lecture course to teach young M.D.s business economics? More than one corporation credit manager has told me he'd be out of a job if he tried to run his business as most doctors do theirs.

A corporation will insist that its customers pay cash until they have

established a sound credit rating. I don't see why doctors can't do the same thing with patients.

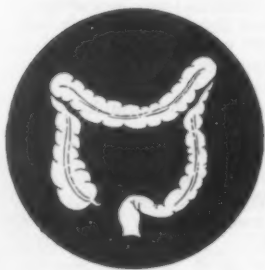
William E. Connelly, M.D.  
Odessa, Tex.

### Psychoquacks

SIRS: I was stunned by the fact that your recent article exposing "psychoquacks" appears to contain clever propaganda on behalf of the quacks themselves. Specifically, your author makes the suggestion that "one way of reducing the depredations of psychoquacks is to . . . license all nonmedical personnel."

May I remind you of the stand of the American Psychiatric Association that "the diagnosis and treatment of mental illnesses, like other

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**Provides lubrication, bulk and mild peristaltic stimulation.**

**A fine emulsion of mineral oil with phenolphthalein in an aqueous gel containing agar.**

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for the "squeeze" of G.I. spasm

**antispasmodic action  
virtually without atropinism...**

through the selective spasmolysis  
of homatropine methylbromide  
(one-thirtieth as toxic as atropine)...  
*plus* the sedation of phenobarbital.

Each yellow tablet of MESOPIN-PB<sup>®</sup>  
or teaspoonful of yellow elixir  
contains 2.5 mg. homatropine methyl-  
bromide and 15 mg. phenobarbital.

Also available as  
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in white tablets, green elixir, and powder.

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(Homatropine Methylbromide and Phenobarbital)

Endo <sup>®</sup> **Samples? Just write to:**

**Endo Products Inc., Richmond Hill 18, New York**

## LETTERS

illnesses, [should] remain a medical responsibility?"

Sam Parker, M.D.  
Director of Psychiatry  
New York City Dept. of Hospitals

*The article in question did not suggest that nonmedical personnel be licensed to treat the mentally ill—but only to give counsel. The purpose of such licensing, it explained, would be to distinguish the accredited psychologist or social worker from the uneducated charlatan.—Ed.*

### Ancient Specialists

SIRS: With all the fine subdivisions of medical specialization today, perhaps this extract from Herodotus will interest your readers:

"Medicine is practiced among them [Egyptians of the pre-Christian era] on a plan of separation; each physician treats a single disorder and no more: thus the country swarms with medical practitioners, some undertaking to cure diseases of the eye, others of the head, others again of the teeth, others of the intestines, and some those which are not local."

Samuel I. Roland, M.D.  
San Francisco, Calif.

### Keep That Program

SIRS: Your recent answer to a question about convention expenses prompts me (as a tax consultant) to offer this additional tip:

Whenever the doctor has his name in print on a convention program, he should keep a copy of the

program for tax-deduction purposes. It will serve as one more bit of evidence that he attended the meeting and was there for a good and sufficient professional purpose.

Joseph F. McElligott  
New York, N.Y.

### Industrial Practice

SIRS: I was much interested in your article entitled, "Company and Private Doctors: Must They Feud?" As a "company doctor" myself, I've seen no evidence of "feuding" between industrial medicine and private practice.

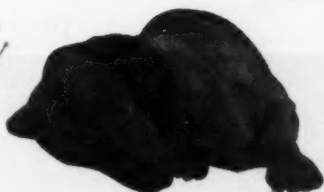
The only bone of contention comes from an occasional family doctor's lack of understanding of industrial problems. Such misunderstandings are often fostered by patients who tell the plant physician one thing and the family doctor another.

The private doctor interested in his patient's financial—as well as physical—welfare does well to enlist the aid of the industrial physician. Through a simple phone call to the company, he may obtain a wealth of free diagnostic information. And the plant hospital can handle certain expensive procedures with speed and efficiency not obtainable elsewhere.

E. P. MacKenzie, M.D.  
Kaiser Motors Corp.  
Detroit, Mich.

SIRS: I'd like to suggest to my fellow industrial physicians that if our primary responsibility to pick up the telephone and call the family

*hypnotic*  
**prompt action**  
^



**rapid elimination**



**clear-headed awakening**



# ELIXIR ALURATE

*Roche'*

Available as ELIXIR ALURATE, cherry red color/ELIXIR ALURATE VERDUM, emerald green color

Each contains 0.03 Gm ( $\frac{1}{2}$  grain) of Alurate per teaspoonful (4 cc)

in a palatable vehicle. Alurate®—brand of aprobarbital

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Announcing

# THIORAZINE

## a remarkable new drug

—remarkable because of its diverse pharmacological activity:

- controls apomorphine-induced vomiting in dogs
- produces sedation without hypnosis
- causes muscular relaxation
- interrupts conditioned reflex in rats
- potentiates analgesics, anesthetics, sedatives
- produces hypothermia

—remarkable because preliminary clinical studies have indicated its potential usefulness in:

- |                             |               |
|-----------------------------|---------------|
| • general medicine          | • surgery     |
| • obstetrics and gynecology | • dermatology |
| • neuropsychiatry           | • pediatrics  |
| • anesthesiology            | • geriatrics  |

\*Trade-mark for chlorpromazine hydrochloride, S.K.F. Chemically it is 10-(3-dimethylaminopropyl)-2-chlorophenothiazine hydrochloride.

Patent 2645640

## a new therapeutic agent with profound pharmacological activity

'Thorazine' first attracted attention when laboratory studies demonstrated that it exerted unique effects on both the central and autonomic nervous systems, the cardiovascular system and the skeletal-muscular system. It seemed clear that with a compound that possessed such a diversity of pharmacological effects, the scope of its possible clinical applications would be extremely wide.

'Thorazine' was then investigated in man and was found to possess the ability to control nausea and vomiting, to relieve certain neurotic conditions and psychiatric states, and to induce an unusual type of sedation. Furthermore, experimental work has shown that the drug can alleviate certain cases of pruritus, lower body temperature, and can potentiate the effect of analgesics, anesthetics, sedatives, and muscle relaxants.

Since the possible clinical uses of 'Thorazine' are so numerous, work is being directed towards confirming, one by one, the drug's outstanding indications. And one of the first uses to be confirmed is the **dramatic control of nausea and vomiting.**

# 'THORAZINE'

chlorpromazine hydrochloride, S.K.F.

Presently available at your pharmacy and hospital,  
for control of nausea and vomiting†:  
10 mg. and 25 mg. tablets, and 50 mg. ampuls (2 cc.).

*Smith, Kline & French Laboratories, Philadelphia*

†Information on use of 'Thorazine' in neuropsychiatry available on request.

## LETTERS

doctor whenever there's a difference of opinion. With rare exceptions, I've found the personal physician very receptive to this sort of approach.

R. Lomax Wells, M.D.

Medical Director  
Chesapeake and Potomac Tel. Co.  
Washington, D.C.

Sms: Here's my answer to the industrial M.D. who "asks fair treatment": Let him treat the accident or illness at the plant—and then send the patient to his family doctor. Next, let him make sure the patient really goes. That way, he'll make friends, not enemies, among private practitioners.

H. B. Kobler, M.D.

Philadelphia, Pa.

### Malpractice Insurance

Sms: After twenty years' practice abroad and five years with a state welfare department in America, I recently decided to go into private practice. To get malpractice coverage, I called on the representative of a well-known insurance company.

After asking me many questions about my education and experience, this man finally said: "I'm sorry, Doctor; but since you weren't educated in America, we can't let you have more than \$7,500 worth of insurance."

When I asked him why, he explained that many more claims are filed against foreign-educated physicians than against doctors who get their training in the U.S. "So, normally, we limit the foreign-taught

doctor to half the insurance we'd give an American," he concluded.

Then I went to see the agent for Lloyd's of London. With no fuss at all, he wrote me out a policy for \$30,000.

I hope my experience will help other foreign-educated M.D.s. And I'd like to know whether the discrimination I encountered was justified or arbitrary.

Eric Bock, M.D.

Waukegan, Ill.

### Advice on Printing

Sirs: Two comments inspired by your April article, "Your Business Stationery":

1. I find it useful to have Rx blanks printed on both sides. Putting some bit of helpful information for the patient on the back prevents anybody from misusing the blanks as scratch paper.

2. When I have my own forms made up (workmen's compensation report blanks, for example), I always have the printed questions done in color rather than in black and white. Then, when the answers are typed in, there's good color contrast and the form is easy to read.

M.D., Texas

### Freedom of Expression

Sirs: McCarthyism isn't confined to politics. There's also a medical type of demagoguery, before which we doctors seem entirely helpless.

I refer to the fact that we must often maintain a sphinxlike silence



when the problem in hypertension is to

**maintain  
response  
to therapy**



# **RUTOL\***

**IS THE LOGICAL FORMULA**

**EACH TABLET CONTAINS:**

Mannitol hexanitate.....16 mg.<sup>(1)</sup>  
Rutin.....10 mg.  
Phenobarbital..... 8 mg.

(1) This specially-designed formula permits dependable nitrite therapy with less risk of developing nitrite tolerance.

Rutol is particularly favored by physicians advocating "interrupted" nitrite therapy—to maintain maximal therapeutic re-

sponse. The 16 mg. ( $\frac{1}{4}$  gr.) of mannitol hexanitate in Rutol Tablets provides the established minimal effective dose—together with a prophylactic dosage of rutin, to guard against vascular accidents, and phenobarbital, for cerebral sedation.

**PITMAN-MOORE COMPANY**

Division of Allied Laboratories, Inc.

Indianapolis 6, Indiana

®TRADE MARK

## LETTERS

in our relations with certain hospital departments, lest our professional status be jeopardized. For example: The chief of a hospital service can dispose of a critical subordinate by declaring him expendable and therefore fit for Army duty, while, on the other hand, protecting one of his fair-haired boys from distasteful obligations and professional scrutiny.

The best answer to such medical McCarthyism is more freedom of expression among doctors.

Emanuel Krimsky, M.D.  
Cedarhurst, N.Y.

### Doctors' Mail

SIRS: Enclosed is sufficient material for an article to be called "The Doctor Can't See You Until the Day

After Tomorrow. He's Opening and Reading His Mail." What I've sent you is my mail for *one day*, and not a week's accumulation, as you might suspect.

Don't be disturbed if the shipment gets lost. I can forward by return mail today's collection, which is just as large.

P.S. I didn't have room to enclose six sample packages.

D. W. Bovet, M.D.  
Marion, N.Y.

*Even without the six sample packages, Dr. Bovet's professional mail for one day consisted of the following: twenty-eight bulletins, booklets, and circulars; ten letters of various sorts; and two postcards.—ED. END*



In the Tension-Anxiety Syndrome

Consider **PREMENSTRUAL TENSION**

4 out of 10 female patients of childbearing age suffer symptoms

Symptoms are not relieved by usual sedatives, analgesics, or antispasmodics

**M MINUS 5**

Preventive for

**Premenstrual Tension and Dysmenorrhea**

Evidence shows that premenstrual tension results from excess fluid balance preceding actual onset of menses. M-MINUS 5 prevents premenstrual tension symptoms by lowering excess fluid balance, reducing stimulus to uterine spasm, and providing effective analgesia. It does not interfere with the menstrual cycle, and is non-toxic in the prescribed dosages. Vainder showed 82% of cases of premenstrual tension and dysmenorrhea relieved with M-Minus 5.(1)

Each tablet contains:

Promabrom [2-amino-2-methyl-propanol-1-8-bromo-theophyllinate] ..... 50 mg.  
Acetophenetidin ..... 100 mg.

DOSE: One tablet 4 times a day, starting 5 days before expected onset of menses.

In bottles of 24 and 100

**Whittier**

(1) Vainder, Milton: Indus. Med. & Surg. 22:183 (Apr) 1953

Send for samples and literature

**LABORATORIES 919 N. MICHIGAN AVE., CHICAGO, ILL.**

MEDICAL ECONOMICS · JUNE 1954

the realization of a hope ...

...for a satisfactory preparation in the management of hypercholesteremia

**MONICHOL\***



Typical Response of a Hypercholesteremic Patient to 20 cc. of MONICHOL\* Daily in Divided Doses\*\*

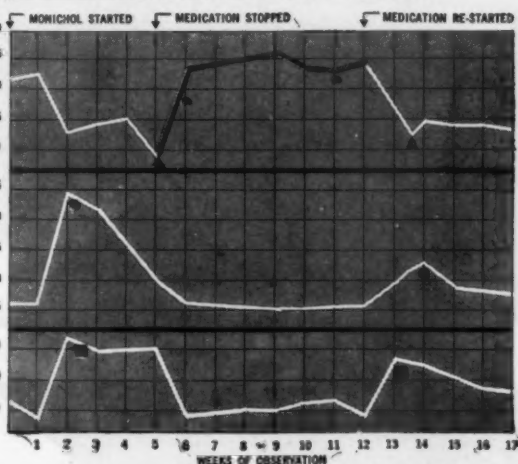
M.R. ♀, Age 67,

Cardiovascular  
Accident

Serum  
Cholesterol  
mg. per 100 ml.

Urine  
Cholesterol  
mg. per 24 hrs.

Urine  
Formaldehydic  
Steroids Gamma  
per 24 hours



The above graph demonstrates the effectiveness of MONICHOL in enhancing the stability of the serum lipid emulsion by: ▲ normalizing elevated serum cholesterol levels, ● changing the character of the excess serum cholesterol to facilitate urinary excretion, and ■ making the excess serum cholesterol more readily available for utilization by the adrenal cortex in steroid synthesis.\*\*

The sense of well-being experienced by patients on MONICHOL is attributed by the investigators\*\* to better utilization of excess serum cholesterol by the adrenal cortex. MONICHOL is entirely non-toxic.

The red portion of the graph shows that uninterrupted daily intake of MONICHOL is essential, because hypercholesteremia is probably due to an inborn error of metabolism.

Formula: Each teaspoonful (5 cc.) contains:

Polysorbate 80 500 mg.  
Choline Dihydrogen Citrate 500 mg.  
Inositol 250 mg.

Minimum Dosage: Two teaspoonfuls twice daily after meals.  
Supplied: Bottles of 12 oz.  
Literature on request

\*\*Sherber, D. A., and Levites, M. M.: Hypercholesteremia. Effect on Cholesterol Metabolism of a Polysorbate 80-Choline-Inositol Complex (MONICHOL) J.A.M.A. 152:682 (June 20) 1953.

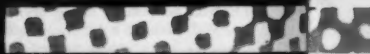
\*Trademark

*Monichol normalizes cholesterol metabolism*  
IVES-CAMERON COMPANY, INC., 22 East 40th Street, New York 16, N. Y.

PANHEMIC

MOL-IRON

... NEW



*the Vitamin B<sub>12</sub> with Intrinsic Factor Concentrate*  
*content of **MOL-IRON PANHEMIC** conforms with*  
*U.S.P. standards of therapeutic efficacy*  
*and its anti-anemia potency is expressed*  
*in terms of U.S.P. Oral Units\**

## MOL-IRON PANHEMIC

with clinically assayed B<sub>12</sub> activator

only 2 capsules provide

1 U.S.P.

Oral Unit\* of

anti-anemia

activity

Standardization by clinical assay is the only method of accurately determining anti-anemia potency. The weight of Intrinsic Factor Concentrate is by no means a measure of its efficacy in activating Vitamin B<sub>12</sub>.

The usual daily dose of only 2 Mol-Iron Panhemic capsules (1 b.i.d.) contains therapeutic quantities of all clinically essential hemopoietic factors and is effective for all anemias amenable to oral therapy.

### Mol-Iron

Ferrous Sulfate . . . . .	1 Gm.
Molybdenum Oxide . . . . .	15.4 mg.
Vitamin B <sub>12</sub> with Intrinsic Factor Concentrate . . . . .	1 U.S.P. Oral Unit*
Folic Acid . . . . .	2.5 mg.
Ascorbic Acid . . . . .	150 mg.

\*One U.S.P. Oral Unit represents the minimal amount of the therapeutic agent (Vitamin B<sub>12</sub> with Intrinsic Factor Concentrate) which, when administered orally each day to a patient with pernicious anemia in relapse, produces a satisfactory reticulocyte response and subsequent relief of both anemia and symptoms. Potency established by clinical assay prior to mixture with other ingredients.

Supplied: bottles of 60 (one month's supply) and 500 capsules. White Laboratories, Inc., Kenilworth, N. J.

# The first truly elastic bandage that doesn't "die" in the dryer!

*New TENSOR is woven with Heat-Resistant live rubber threads for lasting elasticity*

It takes live rubber threads to make a truly elastic bandage. Up to now, however, the live rubber has posed a laundry problem, particularly in high temperature home and commercial dryers.

But now, there's a new Tensor that needs no special laundry care—a Tensor that has been tested at 280° F. for hours on end, with no appreciable loss of stretch. So, whether it's new or has been laundered repeatedly, you can always be certain of its uniform, lasting elasticity in use.

And Tensor puts the pressure in *your* hands, Doctor. Whether you bandage for low pressure or high, you get uniform pressure over the entire bandaged area. And Tensor will maintain the pressure you apply.

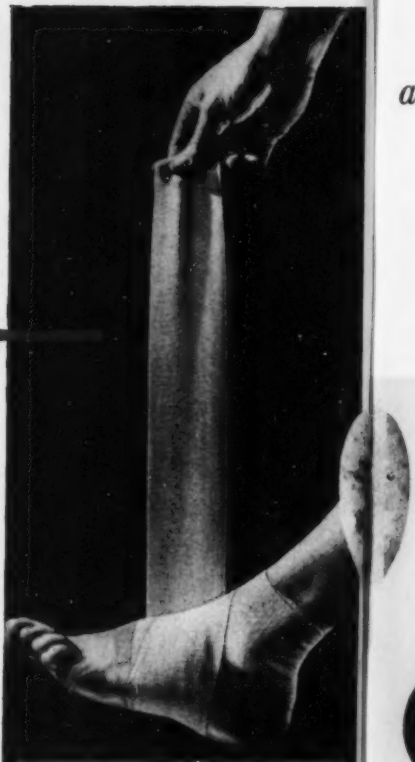
Isn't this the kind of elastic bandage you want your patients to wear? Why not have your nurse order them next time she replenishes office medical supplies. Available in doctor bulk put-ups at no increase in cost.

## New TENSOR<sup>®</sup> ELASTIC BANDAGE

*Woven with Heat-Resistant live rubber threads*

BAUER & BLACK

Division of The Kendall Company  
309 West Jackson Blvd., Chicago 6, Ill.



### COMPARE THESE ELASTIC BANDAGES



❶ One-foot length of bandage made with ordinary rubber is stretched after high temperature drying—and stays stretched. Its elasticity "died" in the dryer.

❷ But one-foot length of heat-resistant Tensor snaps back to its original length. Even after prolonged exposure to near scorching heat of commercial dryer.

announcing

# TELDRIN\*

chlorphenpyridamine maleate, S.K.F.

## SPANSULE†

BRAND OF SUSTAINED RELEASE CAPSULES

for continuous and sustained relief of allergic disorders

*a highly effective, well tolerated*

## ANTIHISTAMINE

*in S.K.F.'s unique dosage form*



2 dosage strengths:

8 mg. & 12 mg.

—chlorphenpyridamine maleate—  
" . . . the most effective of all antihistamines  
and has the highest degree of safety . . ."<sup>1</sup>

A single dose of one "Teldrin" Spansule capsule  
provides a continuous and sustained antihistamine  
effect over a period of 10-12 hours.

made only by

*Smith, Kline & French Laboratories, Philadelphia*  
the originators of sustained release medication

\*Trademark

†Trademark for S.K.F.'s brand of sustained release capsules (patent applied for)  
1. Margolin, S., and Tislow, R.: Experimental and Clinical Efficacy of Trimeton  
and Chlor-Trimeton Maleate, *Ann. Allergy* 8:515, 1950.

(see other side)

'Spansule' capsules provide continuous and sustained therapeutic effect for approximately 10-12 hours—with *only one oral dose*. S.K.F. is working constantly toward the development of new 'Spansule' capsules incorporating adaptable therapeutic agents.

**SPANSULE<sup>†</sup> brand of sustained release capsules are made only by S.K.F.—the originators of sustained release medication.**



15 mg.

### **Benzedrine\* Sulfate Spansule<sup>†</sup>**

amphetamine sulfate, S.K.F.

for day-long relief of psychogenic tiredness



10 mg. & 15 mg.

### **Dexedrine\* Spansule<sup>†</sup>**

dextro-amphetamine sulfate, S.K.F.

for day-long control of appetite in weight reduction



1 gr. & 1½ gr.

### **Eskabarb\* Spansule<sup>†</sup>**

phenobarbital, S.K.F.

for continuous, even sedation throughout the day—or night



8 mg. & 12 mg.

### **Teldrin\* Spansule<sup>†</sup>**

chlorprophenpyridamine maleate, S.K.F.

for continuous and sustained antihistamine effect

**Smith, Kline & French Laboratories, Philadelphia**

<sup>†</sup>Trademark for S.K.F.'s brand of sustained release capsules (patent applied for)

\*Trademark

(see other side)





# Doctor, HERE'S THE "V.P."! IT SAVES HOURS A DAY!

Record your findings while the facts are fresh . . . with the years-ahead EDISON "V.P." dictating instrument. Not only cuts down office paper work to *minutes a day* . . . but the amazing V.P. is so compact, so light, so easy to carry you can take it in the car for on-the-spot reporting after patient visits!

Don't let case reports pile up. Gain time to see additional patients a day. Let the slim, trim V.P. become your new "assistant" . . . in the office and on-the-go! Dictating instrument *and* transcriber in *one* unit, the new EDISON V.P. already has gained a popular place in modern medical practice. Learn how it can help you, Doctor!



## THE EDISON VOICEWRITER V.P.

JUST MAIL THIS COUPON . . .  
no obligation, for full facts  
about the time-saving V.P.

**Thomas A. Edison**  
INCORPORATED

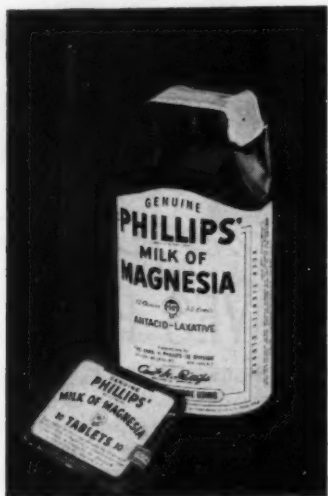
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25 Lakeside Avenue, West Orange, N. J.  
Send me the facts about the V.P. EDISON VOICEWRITER

Name

Address

City  Zone  State

*An Ideal Antacid-Laxative*



## CONFIDENCE

In every field there are a very few products whose quality and demonstrated dependability over many years give them a position of pre-eminence over all others. It is this dependability which inspires confidence and universal acceptance of Phillips' Milk of Magnesia. Known and prescribed throughout the world for over 75 years.

PREPARED ONLY BY THE CHAS. H. PHILLIPS CO. DIVISION OF STERLING DRUG INC., 1439 BROADWAY, NEW YORK 18, N. Y.



**This rheumatic patient is safer on**

**Armyl**

**because Armyl supplies  
vitamin C in higher potency**

In Armyl, vitamin C potencies are higher to prevent salicylate-induced ascorbic acid deficiency. Thus, Armyl offers definite anti-hemorrhagic protection. Furthermore, the high vitamin C content of Armyl helps to raise therapeutic salicylate blood levels.

**Armyl**

Armyl . . . Armyl with  $\frac{1}{2}$  gr. Phenobarbital  
. . . Armyl Sodium-Free . . . Armyl Sodium-  
Free with  $\frac{1}{2}$  gr. Phenobarbital



**THE ARMOUR LABORATORIES**

A DIVISION OF ARMOUR AND COMPANY • CHICAGO 11, ILLINOIS



A potent weapon against  
the most common form of "juvenile delinquency"...

the meal-time behavior problem, the child who shreds his mother's patience and  
deprives himself of inches and pounds because he "just won't eat"...

to stimulate appetite... to promote growth...

*prescribe* **TROPHITE\***

**B<sub>12</sub> plus B<sub>1</sub>**

Each 'Trophite' Tablet or teaspoonful of liquid 'Trophite' provides:

25 mcg. of vitamin B<sub>12</sub>

10 mg. of vitamin B<sub>1</sub>

"That's what I'd call a 'Polysal recovery'!"



Polysal<sup>®</sup>, a *single* I.V. solution to build electrolyte balance, is recommended for electrolyte and fluid replacement in all medical, surgical and pediatric patients.

Cutter Laboratories, Berkeley, California

# mephosal<sup>®</sup>

mephenesin "solubilized" by sodium salicylate



PHOTO: DU-PORT - BETTER LIVING

more  
pain-free,  
spasm-free  
*comfort in motion*  
in  
rheumatic  
disorders

**IMPORTANT**—now 3 convenient dosage forms.

as a general rheumatic analgesic

**MEPHOSAL CAPSULES**—Each, mephenesin 250 mg. and sodium salicylate 250 mg. Dose: 1 or 2 capsules.

for rheumatic conditions associated with gastro-intestinal disturbances

**MEPHOSAL TABLETS  $\bar{c}$  HMB**—Each contains mephenesin 125 mg., sodium salicylate 125 mg., and homatropine methylbromide 1.25 mg. Dose: 2 or 3 tablets.


**MEPHOSAL ELIXIR  $\bar{c}$  HMB**—Each teaspoonful (4 cc.), mephenesin 400 mg., sodium salicylate 400 mg., and homatropine methylbromide 2.5 mg. Dose: 1 teaspoonful.

Prescribe dosage suggested every 3 or 4 hours, either after meals or with a little milk.

Relief from rheumatic pain and spasm is *more predictable* with **MEPHOSAL** (capsules, tablets and elixir), because its safe skeletal-muscle relaxant, mephenesin, is made *freely soluble*\*... *more readily available*... by the essential analgesic, sodium salicylate.

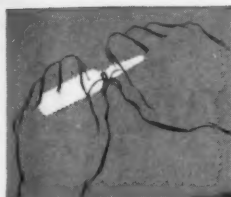
More patients will get greater relief, faster, with **MEPHOSAL**, than with mephenesin or sodium salicylate alone.

**samples** and literature on request.

CROOKES LABORATORIES, INC.  MINEOLA, N. Y.

\*Patent applied for

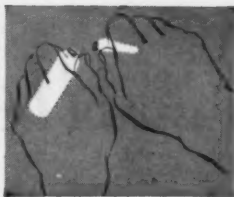
*Therapeutic Preparations for the Medical Profession*



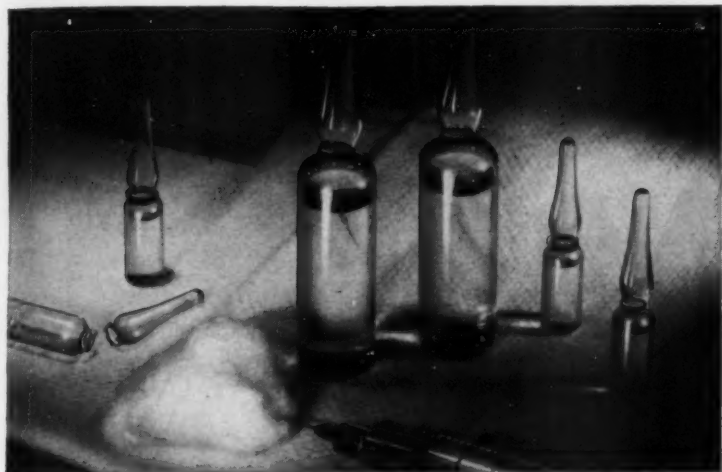
**"GRIP!"**



**"BEND!"**



**"SNAP!"**



**...and your ampul is ready to use**

Opening a new Kimble Color-Break\* Ampul is that easy. No more filing. No more sawing. No more scoring.

A solution sealed in a Color-Break Ampul can't be tampered with; it is kept as sterile as when it was packaged.

Kimble Neutraglas Ampuls are made from a famous formula which has the highest resistance to chemical attack of any known "workable" glass.

Many producers of parenteral solutions are already using Kimble Color-Break Ampuls. You can recognize them by the distinctive blue band around the neck of the ampul. When you get a carton of these Color-Break Ampuls remember: Hold the ampul in the regular way . . . apply pressure as you always have with ampuls. Stem snaps off. You've made a clean break and ampul is ready to use.

\*Color-Break is a trade mark of the Kimble Glass Company, subsidiary of Owens-Illinois

**KIMBLE COLOR-BREAK AMPULS**  
AN **Ⓢ** PRODUCT

**OWENS-ILLINOIS**  
GENERAL OFFICES - TOLEDO 1, OHIO

# Allergy Relief...



**Clinical samples of this new  
antihistaminic are available  
on request!**

**Prescribe Cilstin Maleate for your  
patients who have not responded to  
the older antihistamines.**



.. *with Better Clinical Results*

A new antihistaminic compound of greater therapeutic effectiveness but with fewer side effects—just released.

## NEW CLISTIN\* MALEATE

(PARACARBINOXAMINE MALEATE, McNEIL)

*Offers Potency*—as great as any known agent (average adult dose 4 mg.)!

*Far greater margin of safety* between the therapeutic dose and the toxic dose.

*Low incidence of side effects*—as indicated by actual clinical trial.

*Palatability*—practically tasteless, will not produce local anesthetic effects in mouth and throat.

**Supplied in:**

Tablets, 4 mg. scored, imprinted 'McNeil'—100's and 1000's.

Elixir, 24 mg. per fl. oz. Each 5 cc. (average teaspoonful) provides 4 mg. Pints and Gallons.

Also: Clistin Expectorant

**McNEIL**

LABORATORIES, INC.  
PHILADELPHIA 32, PA.

\*Trademark

NOW an automatic wound clip  
applier equal to your skill  
and speed



## AUTOCLIP<sup>®</sup> APPLIER AND REMOVER

All the advantages of wound clip skin closure—*faster healing, better cosmetic effect, minimum of tissue trauma, easy clip removal*—with the Autoclip Applier, a responsive, dependable instrument that gives greater efficiency and speed to wound closure.

**FASTER APPLICATION, POSITIVE ACTION**—Based on the standard Michel technic, the Autoclip Applier is fast and positive. Autoclips can be applied to the skin as rapidly as the edges of the wound can be proximated...the surgeon can concentrate on the actual closure. Cosmetic results are better.

**FOR EMERGENCIES**—The compact Applier weighs only two ounces—can be carried loaded and sterile in your bag always ready for use. When using the Autoclip Applier, nursing assistance is not required. The Autoclip Applier holds 20 Autoclips—(18mm.). Autoclips are double wound clips; fewer are needed.

For complete description, write for Form 531.

AUTOCLIP Applier 4½" x 1½" x ½", rustless, chrome plated	\$23.50
AUTOCLIPS 18mm., 20 nickel silver double clips per rack	
100 clips (5 racks) to a box	\$2.40
1000 clips (10 boxes) to a carton	\$22.00
AUTOCLIP Remover, 4", stainless steel	\$6.00
Quantity Discounts 5M—5%, 10M—10%	

Order from your surgical supply dealer



*Clay-Adams*

741 East 25th Street, New York 10, N. Y.



TRADEMARK REG. PEND.  
PAT. APPLIED FOR



Rack of 20 Autoclips is speedily  
loaded into magazine.



Autoclip Remover for quick,  
painless removal of Autoclips.



Clipping towels to skin—another  
important use for Autoclips.



*as readily  
as mother  
beats the heat*

*relieves baby's nonspecific  
summer diarrhea*

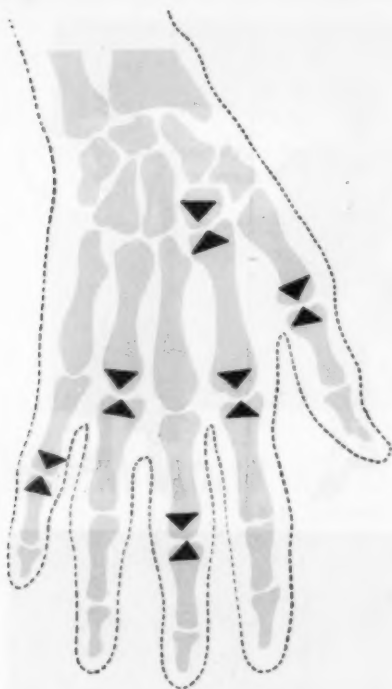


*for samples  
and literature,  
write to:*

**Borden's**

**PRESCRIPTION PRODUCTS DIVISION**  
350 Madison Avenue, New York 17





*in*  
*arthritis*  
*and allied*  
*disorders*

**Rapid Relief of Pain**  
usually within a few days

**Greater Freedom  
and Ease of Movement**  
functional improvement in a significant  
percentage of cases

**No Development of Tolerance**  
even when administered over  
a prolonged period

# BUTAZOLIDIN

(brand of phenylbutazone)

Its usefulness and efficacy substantiated by numerous published reports, BUTAZOLIDIN has received the Seal of Acceptance of the Council on Pharmacy and Chemistry of the American Medical Association for use in:

- Gouty Arthritis
- Psoriatic Arthritis
- Painful Shoulder (including peritendinitis, capsulitis, bursitis and acute arthritis)
- Rheumatoid Arthritis
- Rheumatoid Spondylitis

Since BUTAZOLIDIN is a potent agent, patients for therapy should be selected with care; dosage should be judiciously controlled; and the patient should be regularly observed so that treatment may be discontinued at the first sign of toxic reaction.

*Descriptive literature available on request.*

BUTAZOLIDIN® (brand of phenylbutazone), coated tablets of 100 mg.



## GEIGY PHARMACEUTICALS

Division of Geigy Chemical Corporation  
220 Church Street, New York 13, N.Y.  
In Canada: Geigy Pharmaceuticals, Montreal

# Questions

Income tax refunds • Views

on reinsurance • How to arrange for witness fees • A.M.A. membership • What help is National Board certification?

## Tax Refunds

In preparing my 1952 income tax return, I took the standard 10 per cent deduction. I now find I could have saved money—about \$75—by itemizing my deductions. Can I recover this sum?

You can get it back by filing an amended tax return for 1952. The Government allows you three years in which to make any such change. So at any time before March 16, 1956, you can itemize your 1952 deductions and claim the \$75 refund.

Conversely, if you stood to save money by changing from an itemized to a standard deduction, you could do that, too.

## Views on Reinsurance

I'm trying to clarify my thinking on the matter of the Eisenhower Administration's reinsurance program. Will you please summarize the official stand of organized medicine, organized insurance, etc. on the subject?

Few organizations have come out unequivocally either for or against

the President's reinsurance proposal. [For the views of this magazine and for a discussion on how the plan would work, see *MEDICAL ECONOMICS*, April, 1954, pages 97 and 104.]

But both in the recent Congressional hearings and elsewhere, enough spokesmen have testified to show pretty clearly how the land lies. Here's the current line-up:

**A.M.A.:** Opposed. "Reinsurance will not fulfill its intended purpose."

**The American Academy of General Practice:** Judgment reserved. (But Academy policy generally conforms with the official stand of the A.M.A. on such questions.)

**Blue Cross:** In favor. Says it's "a step in the right direction," since it would afford Blue Cross "the opportunity for even greater expansion of coverage."

**Blue Shield:** Not enthusiastic. "Blue Shield plans are reinsured by the physicians who sponsor them"; therefore Federal aid, though well meant, may be unnecessary.

**Private insurance companies:** Opposed. Reinsurance is a disguised Federal subsidy, which will in no way "enhance the power of insur-

## QUESTIONS

ance to reach those who aren't now covered," says a spokesman for over 300 companies. (Some other private companies are still reserving judgment, because of the "many uncertainties" in the present bill.)

*U.S. Chamber of Commerce:* Opposed. "It would add nothing to the present system."

*Labor:* Flatly opposed. Says the A.F. of L. Executive Council: The program does not meet the basic health needs of working people."

### Witness Fees

Not long ago, I treated a patient who had been injured in an automobile accident. His lawyer has now asked me to testify at the trial—but he failed to

mention payment. How should I arrange to get my fee?

Since your original contact was with the patient, you'd better make your fee arrangement directly with him. Otherwise you may not get paid at all. Sometimes—particularly if the patient's claim is disallowed—the lawyer will disclaim responsibility for payment on the ground that in calling you he merely acted as an agent for his client. So, at the very least, you should have a written understanding with the lawyer that specifically imposes responsibility on either him or the patient.

As for what to charge, here's an easy way to decide: Estimate your average hourly earnings, then multi-

just 2 capsules



a day for anemias



# MOL-IRON PANHEMIC

WHITE LABORATORIES, INC., Kenilworth, New Jersey

No. 6 of a series to resolve  
**SULFA DRUG FACTS**

**Q.** What is the position of Sulfa Drugs  
in the treatment of meningitis?

**A.**

Sulfadiazine represents the treatment of choice in meningococcal meningitis. Because of its high potency and rapid passage across the blood-brain barrier, Sulfadiazine produces high cerebrospinal levels and prompt control of the infection.

**Triple Sulfas (Meth-Dia-Mer Sulfonamides) remain unsurpassed among sulfa drugs for Highest potency • Wide spectrum • Highest blood levels • Safety • Minimal side effects • Economy • This is why leading pharmaceutical manufacturers offer Triple Sulfas to the medical profession.**

This advertisement is presented on their behalf by

AMERICAN Cyanamid COMPANY

Fine Chemicals Division, 30 Rockefeller Plaza, New York 20, N. Y.

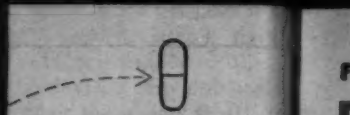
# NEW NATIONAL RESEARCH COUNCIL STANDARDS\*

for effective  
vitamin therapy



Emphasizing that regular vitamin intake is essential to productive health and that stresses such as disease and injury profoundly affect nutritional requirements, the Committee on Therapeutic Nutrition of the Food and Nutrition Board\* recommends standard vitamin combinations for both maintenance and therapeutic dosage. In *Panalins* and *Panalins-T*, Mead Johnson & Company makes these authoritatively recommended formulations available to the medical profession.

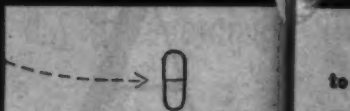
\*Therapeutic Nutrition, Committee on Therapeutic Nutrition, Food and Nutrition Board, Publication 234, National Research Council.



**Each Panalins-T Capsule supplies:**

Thiamine.....	10 mg
Riboflavin.....	10 mg
Niacinamide.....	100 mg
Calcium pantothenate.....	20 mg
Pyridoxine.....	2 mg
Folic acid.....	1.5 mg
Ascorbic acid.....	300 mg
Vitamin B <sub>12</sub> .....	4 mcg

Bottles of 30 and 100.



**Each Panalins capsule supplies:**

Thiamine.....	2 mg
Riboflavin.....	2 mg
Niacinamide.....	20 mg
Ascorbic acid.....	50 mg
Calcium pantothenate.....	5 mg
Pyridoxine.....	0.5 mg
Folic acid.....	0.25 mg
Vitamin B <sub>12</sub> .....	2 mcg
Vitamin A.....	5000 IU
Vitamin D.....	400 IU

Bottles of 100 and 500.



For vitamin therapy in stress situations

# PANALINS-T

N. R. C. STANDARD THERAPEUTIC VITAMIN CAPSULE\*

Panalins-T supplies important water-soluble vitamins in the high therapeutic potencies needed to promote optimal recovery from disease or injury. Since the body cannot store appreciable amounts of these vitamins, regular provision of generous amounts is essential.

1 or 2 Panalins-T capsules daily in:

severe illnesses  
chronic illnesses  
injuries, including fractures  
before and after surgery  
second or third degree burns  
previous vitamin depletion  
conditions involving a marked  
catabolic or anabolic response

to safeguard and maintain vitamin adequacy

# PANALINS

N. R. C. STANDARD MAINTENANCE VITAMIN CAPSULE\*

Panalins supplies protective potencies of ten vitamins needed for maintenance of the good vitamin nutrition essential to productive health.

1 or 2 Panalins capsules daily in:

patients with inadequate or  
irregular diets  
patients with poor food habits  
patients with mild illnesses  
growing children and  
adolescents  
convalescents in late stages  
patients undergoing mild  
physiologic and pathologic  
stresses

\*Therapeutic Nutrition, Publication No. 234, National Research Council.

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**Accurate...**  
**Easy to use!**

You can be sure of these dependable features when your health scales bear the name **Fairbanks-Morse**—first name in scales! This is the new Model 1265, noted for its accuracy... durability... smart appearance... and easy-to-use features—you get trouble-free performance over the years. Fairbanks, Morse & Co., Chicago 5, Illinois.



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 ELECTRICAL MACHINERY • RAIL CARS • HOME WATER  
 SERVICE EQUIPMENT • FARM MACHINERY • MAGNETOS

## QUESTIONS

ply by the number of hours you spend in court. You may properly include travel time and expenses.

Incidentally, it's generally agreed that *any* court appearance will disrupt your practice for at least half a day; so many doctors set a minimum witness fee of about \$25.

## A.M.A. Membership

When I first joined a county medical society twenty years ago, I automatically became a member of the A.M.A. Now, I'm told, it's possible to belong to a local society without being an A.M.A. member. Is this true?

Yes. In all but a few states\*, a doctor may belong to his local and state societies without joining the A.M.A.

Before 1949, however, membership in a local society *did* automatically include membership in the A.M.A. The doctor paid no dues to the national association. He could subscribe to the *Journal A.M.A.* (for \$12 a year or not, as he chose).

In 1949, individual doctors were assessed \$25, in order to finance the association's battle against compulsory health insurance. That assessment was voluntary; but the one in 1950 wasn't: The doctor who refused to pay it was dropped from the A.M.A., though he remained a member of his local society.

Only a small percentage of doctors actually dropped out, and it was decided to retain the assessment

\*Arizona, California, Colorado, Illinois, Mississippi, Nebraska, Nevada, Oklahoma, and Wisconsin.



## Anorectal pathology is quickly brought to light with **WELCH ALLYN ANOSCOPES**



**201 LARGE**  
22 mm. aperture  
89 mm. speculum length



**201 MEDIUM**  
19 mm. aperture  
89 mm. speculum length



**201 SMALL**  
14 mm. aperture  
89 mm. speculum length



**201 PREMATURE**  
8 mm. aperture  
89 mm. speculum length



**206 OPERATING  
ANOSCOPES**  
with cut-out  
22, 19 or 14 mm. apertures  
89 mm. speculum length



**296 LONG**  
22, 19 or 14 mm. apertures  
127 mm. speculum length

The anoscope is the simplest aid to anorectal examination. Its use requires no special training. No preparation of the patient is necessary. Yet it is by far the most productive instrument in location and diagnosis of lesions, since over 75% of the total pathology in the anal canal, rectum and sigmoid colon is found in the lower four inches of the bowel within range of the anoscope.

Welch Allyn self-illuminated anoscopes are unusually easy to use. They fit all Welch Allyn battery handles. The full range of specula are interchangeable on the same light carrier and detach instantly for sterilization. Available singly or in sets.

*A helpful booklet, "Anal and Lower Rectal Lesions" is available to you from Welch Allyn or your Welch Allyn dealer.*



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"2 a day" the ideal dosage  
in most anemias requiring therapeutic quantities of iron

# 'Trinsicon'

(Hematinic Concentrate with Intrinsic Factor, Lilly)

**potent**

**convenient**

**economical** Two Pulvules 'Trinsicon' provide 600 mg. of anhydrous ferrous sulfate (220 mg. of elemental iron)—an average daily dose for hypochromic anemias. In addition, two pulvules supply intrinsic factor and vitamin B<sub>12</sub> activity sufficient to produce a standard response in the average uncomplicated case of pernicious anemia and related megaloblastic anemias.

---

#### Each pulvule supplies:

Special Liver-Stomach Concentrate, Lilly (containing Intrinsic Factor).....	300 mg.
Vitamin B <sub>12</sub> (Activity Equivalent).....	15 mcg
Ferrous Sulfate, Anhydrous.....	300 mg.
Ascorbic Acid (Vitamin C).....	75 mg.
Folic Acid.....	1 mg.

IN BOTTLES OF 60 AND 500.



ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.

## QUESTIONS

permanently. So in 1950 the present rule was adopted: To belong to the A.M.A. you must be a member of your local and state societies and must pay national dues of \$25 a year, as well. In return, you get the Journal A.M.A. free.

In most states, the doctor who isn't a member of the national association may still retain all privileges of local and state membership. And he can also subscribe to the journal—at a \$15 annual rate.

### License by Endorsement

I'm considering a permanent move to the West, probably to Texas or Utah. Will my ten-year-old National Board certificate help me to get a new license in either of those states?

If you go to Utah, you'll be granted a reciprocal license on the strength of your certificate without further examination. Not so in Texas, however; it's one of the nine states that don't recognize National Board certification. (The others: Arkansas, Florida, Georgia, Indiana, Louisiana, Nebraska, North Carolina, and South Carolina.)

Such certification won't give you the *right* to practice in a specific area, of course. But local examiners in most states—and in Alaska and Hawaii, too—will normally "endorse" a National Board certificate; in other words, the holder will be granted a license with little or no red tape, no matter when he took his board exams.

END



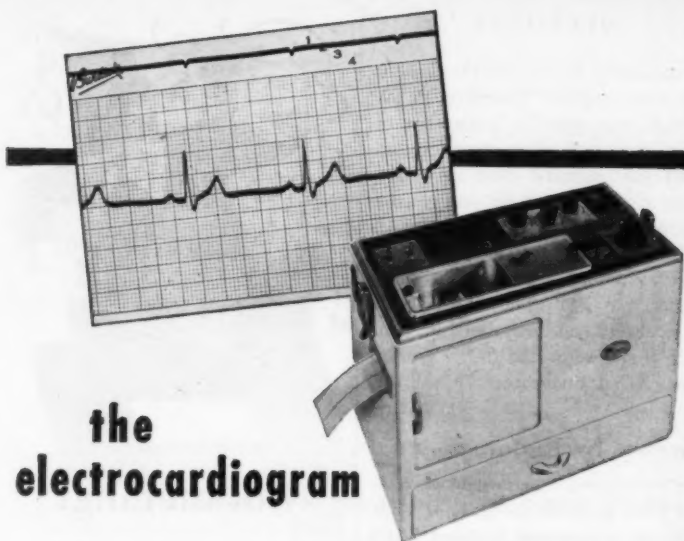
Over-indulgence in food and drink often causes patients to pay for their fun with upset stomach "The morning after." Whenever this happens, BiSoDol, the fast-acting antacid can provide welcome relief from stomach distress by neutralizing the excess gastric acidity and soothing stomach membranes. BiSoDol is pleasant tasting—easy to take in either tablet or powder form. Suggest BiSoDol to your patients. They'll appreciate fast-acting BiSoDol.

**fast / acting**

**BiSoDol**

**/ tablets or powder**


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"The final authority" in cardiac arrhythmias\* is essential in distinguishing the three most common forms of arrhythmia: sinus arrhythmia, premature systoles and auricular fibrillation.

—gives a clear, accurate and immediate record. Compact and portable, ready for instant use in your office or at the bedside.

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\*The Med. Clin. of North American (Jan.) 1952, p. 93.



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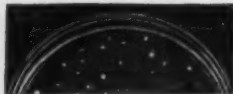
## 4 ways in which Hexachlorophene in



# DIAL SOAP

protects you  
and your patients

Photomicros show how Dial  
reduces Skin Bacteria



With ordinary soap, the most thorough washing leaves thousands of bacteria on the skin.



With Dial, with Hexachlorophene, daily use removes up to 95% of skin bacteria.

You are no doubt familiar with the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first Hexachlorophene soap offered to the public.

You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Economically priced, Dial is widely available to patients everywhere.

1. *Reduces chance of infection* following abrasions, scratches, for Dial effectively reduces skin bacteria count.

2. *Stops perspiratory odor* by preventing bacterial decomposition of perspiration, known as the chief cause of odor.

3. *Protects infants' skin*, helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers.

4. *Helps skin disorders* by destroying bacteria that often spread and aggravate pimples, surface blemishes.

### Free to doctors!

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## **Disposable Unit**

Polyethylene "squeeze bottle" permits easy one-hand administration . . . rectal tube kept sanitary by sealed cellophane envelope . . . distinctive rubber diaphragm prevents leakage while controlling flow. Because of these unique features, **FLEET ENEMA Disposable Unit** is preferred for hospital, clinic and office use.

Each single unit of 4½ fl. oz., contains in each 100 cc., 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate, . . . an enema solution of Phospho-Soda (Fleet), gentle, prompt, thorough—and as effective as the average enema of one or two pints.

**C. B. FLEET CO., INC.**  
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# A



Unscrew cap from plastic "Squeeze bottle."

# B



Remove rectal tube from cellophane envelope.

# C



Attach rectal tube. Lubricate tip.





# In Neuritis— is temporary relief enough? Now—



THE LONG PERIOD OF DISTURBING  
SYMPTOMS CAN BE REDUCED BY THE  
PROMPT USE OF—

## PROTAMIDE

When you have a case of neuritis (intercostal, facial or sciatic) where the inflammation of nerve roots is not caused by mechanical pressure, let Protamide demonstrate how much faster lasting relief can be obtained than with usual therapy.  
*Usual dose: one ampul every day for five days or longer.*

### NEURITIS

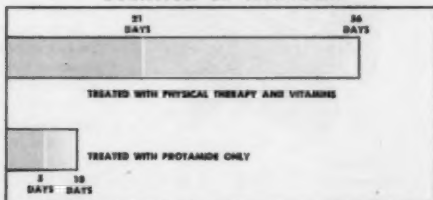
(Sciatic • Intercostal • Facial)

#### A COMPARISON BETWEEN COMPARABLE GROUPS WITH AND WITHOUT PROTAMIDE THERAPY

##### DURATION OF SYMPTOMS

**CONTROL**—186 Patients  
The Course of the Disease  
Was 21 Days to 56 Days

**PROTAMIDE**—84 Patients  
Complete Relief was  
Obtained in 5 to 10 Days



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#### "TREATMENT OF NEURITIS WITH PROTAMIDE"

Richard T. Smith, M.D.,  
Associate in Medicine and Chief of  
Arthritis at Jefferson Medical College  
and Hospital, Associate Physician and  
Chief of Arthritis, Pennsylvania Hospi-  
tals Director of Department of Rheo-  
matology, Benjamin Franklin Clinic.

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Sanborn sells and ships *directly* to the user. There are no intermediate steps, no "middle men" with diversified interests.

When a doctor considers ECG ownership, Sanborn is glad to ship a Viso-Cardiette *directly to him* for a 15 day, *no-obligation* trial. If it is not satisfactory, he ships it back in the same carton. If he keeps it, he thus continues a *direct-to-user* relationship which reaps many extra benefits.

First of all, he knows he has paid the same price for his Viso as any other doctor, due to the Sanborn "direct" policy.

As an owner, he begins to receive the "Sanborn Technical Bulletin", a bi-monthly publication prepared by those who *know the most* about the Viso.

He knows that his service man is a **SANBORN** man (probably located right in his own city).

He sees in the instrument the high quality and performance standards that stem from a *first-hand* knowledge of heart testing needs.

And, the Viso owner likes the feeling that he is dealing directly with people who have been *specializing* for 30 years in the design, manufacture and servicing of electrocardiographs, and who assume *direct responsibility* for their instruments.



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Not  
Just Another  
Sedative-Hypnotic  
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A NEW Concept in  
Sedation

Write for Samples,  
See for yourself the:

- rapid onset of action
- refreshing sleep
- absence of side-effects



D. H. E. 45\*

(Dihydroergotamine)

enhances action of

barbiturates and

scopolamine, which

act in concert.

Synergism affords

optimal sedative effect with

minimal doses.

Each tablet contains:

Sodium diethylbarbiturate

Sodium phenylethylbarbiturate

Sodium isobutylallylbarbiturate

(Sandoptal)

Scopolamine hydrobromide

Dihydroergotamine

methanesulfonate

45.0 mg.

15.0 mg.

25.0 mg.

0.08 mg.

0.16 mg.

PLEXONAL

TABLETS

SEDATIVE-HYPNOTIC

PHARMACEUTICALS

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PLEXONAL

TABLETS

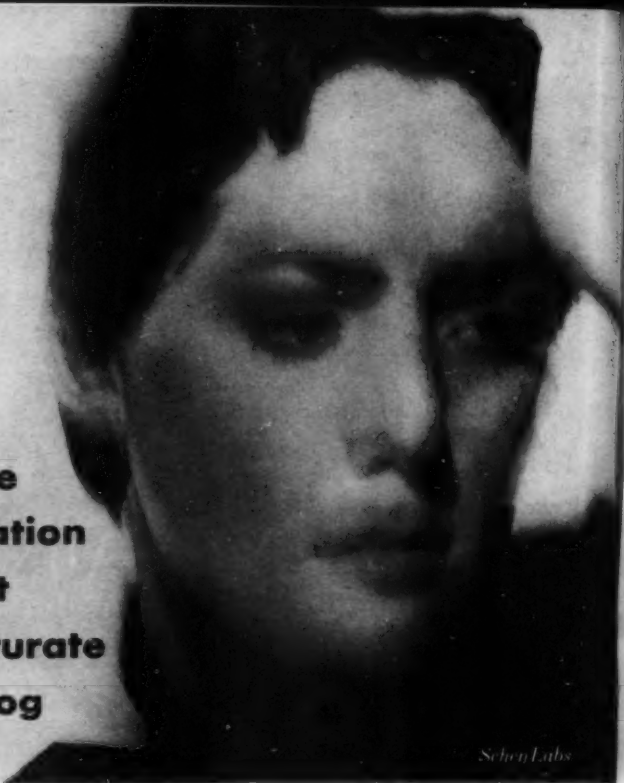
SEDATIVE-HYPNOTIC

PHARMACEUTICALS

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Sandoz

**Subtle  
sedation  
without  
barbiturate  
fog**



*SchenLabs*

Sedamyl® gently relieves anxiety and tension generated by social pressure and personal tragedy. Why? Sedamyl is an "unusually safe and practical"<sup>1</sup> non-barbiturate sedative. Patients on Sedamyl stay alert, stay out of the barbiturate fog, avoid the groping travel between hypnosis and hangover. In fact, 9 out of 10 may get smooth yet decisive relief from anxiety and tension<sup>1</sup>... and never experience lethargy or letdown during or after Sedamyl sedation.

sedate with **SEDAMYL®**  
(ACETYLBROMDIETHYLACETYL CARBAMID, SCHENLEY)

**relax anxiety, transform tension into a smile**

Each Sedamyl tablet provides 0.26 Gm. (4 gr.)  
acetylbromdiethylacetylcarbamid, Schenley.

1. Tebrock, H. E.: *M. Times* 79:760, 1951.



**Schenley Laboratories, Inc., New York 1, New York**



they're  
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every day

When they complain of chronic fatigue, it may be an early symptom of nutritional inadequacy.

For such patients MEJALIN and only MEJALIN provides complete B complex protection. Only Mejalin supplies all 11 of the identified B complex vitamins plus liver and iron.

Mejalin may be of decided help in treating the hard-driving executive who complains of fatigue or "forgets to eat" . . . the finicky youngster with a poor appetite, the elderly patient who lives on tea and toast . . . the pregnant woman who does not eat enough of the right kinds of foods. In fact, anyone who eats poorly or sporadically, complains of fatigue, or who requires extra vitamin protection, can benefit from Mejalin.

Available in two pleasant dosage forms, liquid and capsule, Mejalin assures patient acceptance.

## Mejalin

the complete vitamin B complex supplement

### One teaspoonful of Mejalin Liquid or 1 Mejalin Capsule supplies:

Thiamine.....	1 mg.
Riboflavin.....	1 mg.
Niacinamide.....	10 mg.
Pyridoxine hydrochloride.....	0.2 mg.
Pantothenic acid.....	1 mg.
Choline.....	50 mg.
Inositol.....	20 mg.
Vitamin B <sub>12</sub> (crystalline).....	0.33 mcg.
Folic acid.....	0.2 mg.
Biotin.....	0.02 mg.
Para-aminobenzoic acid.....	0.5 mg.
Liver fraction.....	300 mg.
Iron (from ferrous sulfate).....	7.5 mg.

Mejalin Liquid: Bottles of 12 ounces.

Mejalin Capsules: Bottles of 100 and 500.

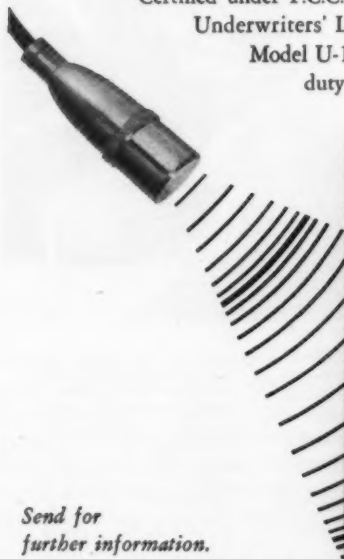
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**The BIRTCHER ULTRASONIC Unit**  
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We are pleased to announce the new Birtcher Ultrasonic Model U-101 — a development based upon seven years of research, supported by clinical studies for two years in twenty medical university hospitals throughout the United States.

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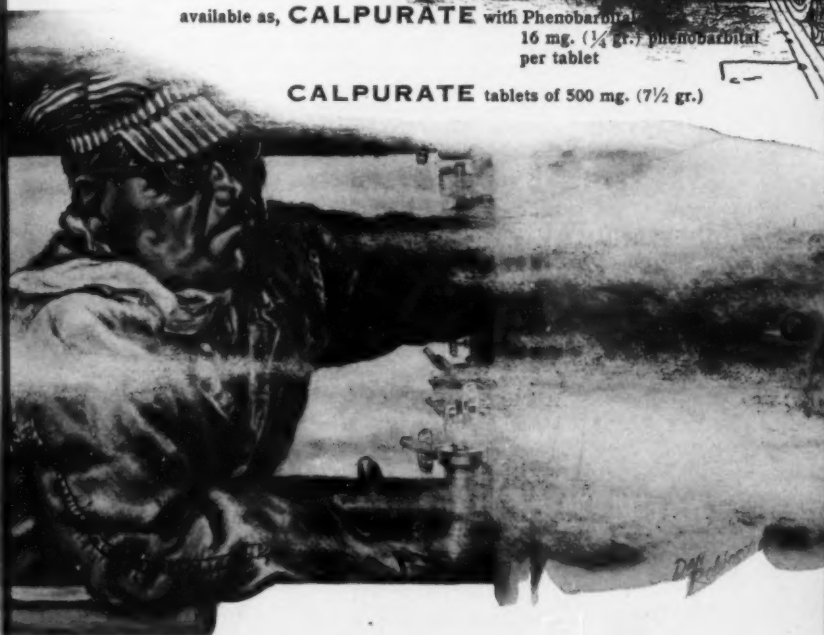
**CALPURATE** the chemical compound theobromine calcium gluconate, provides uninterrupted cardiac therapy, affording lasting peace and comfort.

**CALPURATE** is recommended by outstanding clinicians<sup>1,2,3</sup> as safe prophylaxis in the management of

## The anginal syndrome of **STRESS** in the hypertensive...

available as, **CALPURATE** with Phenobarbital  
16 mg. ( $\frac{1}{4}$  gr.) phenobarbital  
per tablet

**CALPURATE** tablets of 500 mg. ( $7\frac{1}{2}$  gr.)



1. Hejmancik, W., Current Therapy, p. 121, 1953. Edited by H. F. Conn, M.D.
2. Stroud, W. D., IBID, p. 123.
3. Beckwith, J. R., Coronary Artery Disease, West Virginia Med. J., Nov. 1952, p. 313.

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## RAPID CURES

**of urinary tract infections  
prevent permanent kidney damage**

Infections of the lower urinary tract rarely remain localized for any length of time. The kidneys are often invaded rapidly unless effective treatment is instituted immediately. Hence, the choice of the first drug used may decide the fate of the kidneys.

# FURADANTIN

brand of nitrofurantoin, Eaton

Furadantin is unique, a new chemotherapeutic molecule, neither a sulfonamide nor an antibiotic.

**RAPID ACTION.** Within 30 minutes after the first Furadantin tablet is taken, the invaders are exposed to antibacterial urinary levels.

**WIDE ANTIBACTERIAL RANGE.** Furadantin is strikingly effective against a wide range of clinically important gram-negative and gram-positive bacteria, including strains notorious for high resistance.

Scored tablets of 50 mg.  Bottles of 50 and 250.

Scored tablets of 100 mg.  Bottles of 25 and 250.



Also available: Furadantin Pediatric Suspension, containing 5 mg. of Furadantin per cc. Bottle of 4 fl. oz.

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elasticity  
for compression  
body for  
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ACE

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RESEARCH



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**ACE**® FULL-FOOTED  
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Your patients will wear ACE Elastic Hosiery willingly.  
Its full foot obviates a second pair of hose—  
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SUPPORTS THE VENOUS TUBE

# Medical Economics

AN INDEPENDENT BUSINESS MAGAZINE FOR PHYSICIANS

## Editorial:

## Too Easy to Oust

● How can we strengthen the position of doctors on hospital staffs?

They have, at present, little protection against arbitrary dismissal. For the most part, they haven't felt the need of it. For most hospital boards do *not* act arbitrarily, and doctors themselves have supported the system of appointments that have to be renewed each year. As Dr. Lucius Johnson points out, the mere threat of non-renewal "provides a quiet, effective means of putting pressure on the doctor to obey the [hospital] rules."

But sometimes this pressure is abused. Sometimes it's used to compel compliance with hospital practices the doctors *know* aren't right. Consider, for example, the appropriation by hospitals of workmen's compensation fees, now under investigation in New York:

These fees rightfully belong to the staff doctors giving the care. But some of the best hospitals in the area have been siphoning off these fees into their own treasuries. They have pressured the staffs into signing over such checks. And the staffs have gone along—even though this practice is clearly against the law.

Why did these doctors do it? One of them probably expresses the feeling of many: "I'd lose my appointment if I didn't play ball, and good hospital appointments are hard to get."

These misgivings seem justified in the light of what happened to certain staff members who *did* object. Two were dropped summarily at one hospital; many more were not reappointed at another.

[MORE→

Medical leaders in the area think the answer is some form of tenure. "Hospital by-laws," says one, "should provide that a staff member who completes five years of satisfactory service shall not thereafter be dismissed without benefit of a formal hearing. And the medical society should have some voice in it." Says another: "The doctor who has helped build up a hospital through prolonged contributions of time, money, and patients has *earned* this minimum protection at least."

We're inclined to agree. We don't believe that a due-process dismissal system would impede hospital efficiency or prevent essential changes. We know that some of our best-known medical groups (i.e., Mayo) and medical foundations (i.e., Rockefeller) have thrived on tenure.

The question that remains is, "How does it actually work out in hospitals?" The answer to that one may well lie in *your* hands.

## By Any Other Name

We continue to hear comments that medicine's public relations would be better served if grievance committees were called *mediation* or *public service* committees instead.

Maybe so.

But at least one drawback occurs to us: A lot of people wouldn't know what we were talking about.

There are those to whom "public service" suggests a public utility; others who think "mediation" is what goes on in a quiet chapel, with the tips of your fingers together.

—H. SHERIDAN BAKETEL, M.D.



"That's the spirit, Mr. Speare. Keep fighting!"

# This Group Made Good!

***Convinced that the hurdles of group practice are insurmountable? Then read this factual account of four physicians who looked before they leaped. You may change your mind***

**By John R. Sedgwick**

● A medical group is like any organization of human beings. It's subject to human foibles; and these must be anticipated from the start if the group is to succeed.

This is the history of one organization that *has* succeeded. I've changed the names of the locale and of the persons concerned. But otherwise all facts and situations are actual.

You've probably heard discouraging accounts of the hazards of group practice. I hope the following pages will help you to see how many of these hazards can be overcome.

In the Midwestern city of Middletown (pop. 25,000), is the flourishing Middletown Clinic. It has been in existence since 1947; and it seems likely to go on indefinitely. Here's how it began:

At the Middletown Country Club, there was a Saturday-afternoon foursome known as the "Pill Pushers." This

---

MR SEDGWICK was, until recently, business manager of *The Medical Group of Honolulu*. "I've written this article," he says, "as an antidote to some of the discouraging things that have been published about group practice, notably 'Death of a Group' in your own pages [*MEDICAL ECONOMICS*, December, 1953]. This is not the story of the group I served in Honolulu. Rather, it stems from observations I've made during visits to many groups in the continental U.S. The group referred to here as the Middletown Clinic is one of several I've inspected that have struck me as being truly outstanding."

## THIS GROUP MADE GOOD!

congenial quartet of golfers included Dr. Simms, an internist; Dr. Broder, a general surgeon; Dr. Jennings, a pediatrician; and Dr. Jones (considerably the senior), a general practitioner with the largest practice in the county.

Late one Saturday afternoon, in the locker room, they began—quite casually—to discuss the possibility of joining forces in a group. And they were overheard by Jim Wetherby, the president of Middletown's Wetherby Plow Company.

"You fellows remind me of babes in the woods," he said. "What do you know about running a group practice? As individual doctors, you're good; but my office boy knows more about running a business than any of you. Why, Fred Jones hasn't sent me a bill for the last six months, and the last time I paid him I had to call up his girl to find out how much I owed. Are you *serious* about this idea?"

"Well, I for one would like to explore it," said Simms.

The others agreed.

"Then what you need is a businessman to help you along until you get on your feet." Wetherby was thoughtful for a moment. Then he said: "Eventually, of course, you'll need a paid business manager. But if you want me to, I'd like to help you get started. And I don't want any compensation. I like the idea of a group. So just consider that I'm doing it for Middletown."

The next Tuesday evening, and

several evenings after that, they met in the library of Wetherby's home. During those meetings, the doctors learned a lot about group enterprise.

## Partnership Perils

For one thing, Wetherby explained that partnership is the simplest and most economical form of organization—but that it's also the most vulnerable. "Many, many partnerships fail," he said. And he pointed out that most such failures are due to three things: improper planning, greed, and wives.

"You doctors are starting off with one great advantage," he went on. "Any men who've played lousy golf together as long as you have can't help knowing one another. In other words, your courtship period is over. Every partnership should have a courtship period; and that applies to business as well as to marriage. Always remember that fact when you're planning to take in a new partner! Have the new man work on salary for a year or two first, in order to find whether or not you're compatible."

## How to Organize

Next, he took up the question of financing the Middletown Clinic (the name they'd chosen by now). "I suggest you have two organizations: one, the active group partnership; and another that we'll call the holding company. The holding company would have title to the Clinic's land and building, and possibly even

to its furniture, fixtures, and equipment.

"In other words, your capital investment would be in the holding company and not in the active partnership. The company would rent the building and equipment to the partnership at a fair rental; and since you'd be renting to yourselves, it undoubtedly *would* be fair."

### Why Two Organizations?

Wetherby's explanation of the reason for a dual organization: "The capital assets of the active group partnership should be as low as possible so that no future partner will have to buy into the group. Also, if any of you die, there'll be less need for an administrator to dig into the Clinic books.

"Of course," he added, "the partnership will need some operating capital to pay salaries and buy supplies. I suggest you *borrow* that small amount of working capital from yourselves. In other words, each of you can lend \$500 to the partnership on individual notes at 6 per cent repayable only at time of death or retirement. In addition, all accounts receivable that any of you may have at time of death or retirement can be compensated for by some form of insurance."

The doctors' chief investment, Wetherby went on, would be in the incorporated holding company. "It'd be just as if your money were invested in some other company down the street," he said.

"The shares could be bought and sold irrespective of the various percentages of ownership in the group partnership—though you'd probably want an agreement that the other shareholders would have the first right of refusal in any contemplated sale. And, obviously, new partners should also have the right to buy stock.

"The price of a share should be its book value at the time of sale. So you'll have to get the property appraised whenever stock changes hands. But, since there probably won't be much activity of this sort, you won't be troubled by too many appraisals."

A couple of the doctors complained that the double organization seemed cumbersome. But they changed their minds when Wetherby said: "Gentlemen, none of us know how large the Middletown Clinic will grow; we *do* know that, over the years, you're likely to have variable percentages of partnership. So why not make your bookkeeping as simple as possible? This way, with the holding company a separate organization, the Clinic's books are kept on a cash basis. So it's an easy matter to deduct expenses from gross income and distribute the net."

### The Doctors' Earnings

"But how do we decide who gets what share of the net earnings?" asked Dr. Broder.

Wetherby smiled. "You'll have to work that out among yourselves. But

remember this: When you start group practice, you'll have to temper your individualism. Every decision you make should be based primarily on its value to the Middletown Clinic."

### **Share and Share Alike**

Soon afterward, the M.D.s got together without Wetherby. Each brought along a statement of his gross and net figures for the past year. Since, as it turned out, their incomes were remarkably similar, they decided to begin on a share-and-share-alike basis, with a review every two years.

They also agreed that each man's accounts receivable carried over from private practice should be handled separately, but billed on the group's billhead. Any payment made on such accounts would be credited to the individual doctor during the Clinic's first year. Thereafter, however, accounts still unpaid would become group property.

### **They Get Started**

At last, things went into high gear. The doctors commissioned a lawyer to draw up a partnership agreement. Then they called in a Chicago architect who specialized in professional buildings, and told him what they wanted. On his advice, they bought a piece of land with plenty of room for expansion and also for off-street parking. And they told him to go ahead with plans for the building itself.

Eventually, they approved his plan for a clinic big enough to accommodate eight doctors—and flexible enough so that it could be conveniently enlarged. Estimated cost of the building (including architect's fees): \$72,500; cost of the lot: \$15,000. Total: \$87,500.

Dr. Jones put in \$20,000 of this sum. Dr. Simms mortgaged his home and some farmland and matched it. Dr. Jennings sold some stock he'd inherited and invested \$30,000. Dr. Broder could scrape together only \$7,500. Altogether, this made \$77,500; but Mr. Wetherby, who now considered himself a partner "ex officio," insisted on making up the \$10,000 difference.

Thus, the holding corporation was formed, and the construction work started.

### **Buying Equipment**

Each doctor listed the equipment he already owned—and added a list of additional equipment he felt he needed. They decided, then, to use as much as they could of what they had and to order the rest. In addition, they bought all new furniture.

Their total expense for equipment and furnishings (including the equipment from their old offices, which the group had appraised): \$16,000. The holding company raised this sum by borrowing from the bank on a mortgage on the building and land.

The financial set-up of the holding company when [MORE ON 193]





## Crime Doctor

*His name's Larson; he's not a cop; but he usually gets his man—through a knowledge of pathology that the average detective lacks*

By Mauri Edwards

● Tacoma, Wash., police were stumped. A waitress, whom we'll call Vinnie Rogers, had been murdered—her head bashed in with a length of pipe. But there were no fingerprints, no witnesses, no clues. And the girl's sweetheart insisted that he knew nothing of the crime.

Up against a blank wall, the police played their final card: They called in pathologist Charles P. Larson. He examined the dead girl's body; then, turning his attention to her friend, he studied the man's wardrobe.

At first, he got nowhere. But finally he found some tiny



**IN THE WOODS** near Olympia, Wash., Dr. Charles P. Larson (second from left) studies the body of a woman who has been raped and murdered.

gray spots on one pair of trousers. He put them through a series of serological and histological tests and discovered that they were human brain tissue.

Since the waitress' friend obviously couldn't explain away this damning evidence, he was convicted of first degree murder.

That case, in 1939, was Dr. Larson's first big one; and, to his knowl-

edge, it marked the first time anywhere in the U.S. that human brain tissue was submitted and accepted as evidence in a homicide trial. But it wasn't the last time.

Just a few years ago, Dr. Larson, as director and consulting pathologist of the Tacoma Scientific Police Laboratory, was called in to crack a somewhat similar case. A vicious killer had smashed the heads of a 20-

year-old girl and her 45-year-old mother. The police had the weapon—a bloody axe—and they had a suspect: one Jake Bird, who'd been caught running down a side street minutes after the crime. But they didn't have a shred of evidence against him.

Dr. Larson supplied that evidence by discovering on Bird's clothes the same kind of telltale gray spots that had helped solve the Vinnie Rogers case. Then killer Bird began to talk. He admitted the double murder in Tacoma. And he didn't stop there. He also reeled off a long list of violent crimes he'd committed across the country.

### 250 Homicide Cases

Cases like these have established Charlie Larson, now just 43, as one of the nation's top forensic pathologists. In person and by long-distance consultation, he has dug to the bottom of some 250 baffling homicides since the late Nineteen Thirties. He has probed crimes in all the Western states and even in Alaska.

There are other strings to Larson's bow also:

He's associate clinical professor of pathology at the University of Washington School of Medicine. He's a member of the board of governors of the American College of Pathology. He's a much-sought-after lecturer, who enjoys startling his audiences with slide pictures of some of his cases. And he's a crusader (so far, unsuccessful) against

"the antiquated coroner system" that still exists in his own state, among others.

Larson has particularly strong feelings about this last subject. In fact, he maintains that even the average M.D. isn't automatically qualified to do police work. If he ever writes a book, he says, one chapter of it will concentrate on urging physicians to get special training in pathology before they take on autopsies.

Just how difficult is it for a physician to operate in the crime-detection field? When that question comes up, as it inevitably does, Larson harks back to one of his toughest cases—and certainly his most spectacular one: the mystery of "The Lady of the Lake."

There's an old Indian legend that evil spirits dwell in icy Crescent Lake, which nestles 5,000 feet high in Washington State's Olympic Mountains. According to this legend, bodies that fall into the water are seized by demons and never seen again.

So much for legend. This is fact: Despite a good quota of drownings, Crescent Lake never yielded a body it had taken. At least not until July 4, 1939.

That particular Independence Day, two men were fishing on the lake when one of them suddenly saw a curious object bobbing on the surface. He snagged it on his hook—and reeled in what looked to him like the battered body of a woman. But his



**A HOMICIDE VICTIM**, dead seven months, has been found near Tacoma, Wash., and Dr. Larson (far left) sets out to unravel another crime.

friend laughed. It wasn't a body, he insisted; it was probably a store-window dummy.

Small wonder that neither man was sure. The object was clothed like a woman, with a piece of rope tied about it. But though it measured 5' 6", it weighed just forty-five pounds. And it seemed like solid soap.

The fishermen brought it to shore, where a local doctor puzzled over it for a while. He'd never seen anything like it, though, and he had to

admit defeat. Meanwhile, the police had sent for help to Tacoma, 175 miles away. That's when Dr. Larson entered the case.

*He* had never seen anything like it, either. But he knew what it was: a woman's body that had turned to adipocere—a soaplike substance resulting from chemical changes. In Crescent Lake's cold water, it seems, there are no bacteria to decay bodies; so this one had saponified.

But now that he'd cleared up one mystery, Dr. Larson created a new

one. He insisted that the woman had been strangled and then thrown into the water. What's more, he added, the body had bobbed to the surface only because the killer had made a colossal mistake:

### Secret of the Lake

As Larson figured it out, there was a good reason why bodies lost in Crescent Lake had never before been recovered. No evil spirits were at work; instead, a swift-flowing lake-bottom stream transported objects to an underground lake, where they might remain forever.

But, in this case, the killer—seeking to make sure that his victim wouldn't be found—had roped a heavy weight to her. The weight had prevented the body from being swept into the underground lake. Finally, however, the rope had frayed and snapped; and the body, having turned to a soaplike substance, rose to the surface.

So far, so good. But an even harder job now confronted Larson and the police: to identify the body and find the killer. Fortunately, they had three slim clues to start with: the clothes, the rope, and a dental plate in the woman's mouth.

The doctor set to work by circularizing Washington State dentists about the plate. When he failed to get any response, he inserted advertisements in the *Journal of the American Dental Association*. Meanwhile, he worked on the other clues.

By pathological—and by just plain

logical—means, he decided that the Lady of the Lake had been about 32 years old at death and had floated in her watery tomb for nine or ten years. One big help: She wore nylon stockings, which hadn't been available in the state until 1930.

Next, Larson turned to the rope knotted about the body and found a blue strand running through it. "I got to be an expert on rope," he says, recalling how the one strand led him back through the manufacturer to a Washington State retailer who had sold a small amount of that kind of rope in 1930.

The police even uncovered one man who remembered buying some of the rope; but he seemed to be in the clear, and he couldn't remember having given any of it away.

The rope clue seemed to have petered out. But just then, Larson got a reply to his ad in the dental journal. A North Dakota dentist wrote that he recognized the description of the plate as one he'd made for a girl named Hally Johnson. As he recalled, she had later moved to Port Angeles, near Crescent Lake.

### They Remember Hally

Now the trail was hot. The police began asking questions in Port Angeles, and folks there remembered Hally all right. She'd been married to a local fellow, they said; but back in 1930, she had suddenly run off to Alaska with a sailor.

How did they know this? The

grieving husband had shamefacedly told them. Finally, though, he wiped away his tears and took a second wife—a wealthy girl in town. They later moved to California.

There was just one thing wrong with the story, Larson felt: He was sure Hally hadn't gone to Alaska. She'd gone to the bottom of Crescent Lake, with a broken neck and a push from her husband.

At this point, something suddenly clicked in the mind of the man who'd bought some of the rope that Larson had traced. He recalled an incident he'd completely forgotten: Around the time of Hally's disappearance, he had given a piece of the rope to Hally's husband to help him yank his car out of the mud.

### Excitement in Court

On the physician's say-so, Hally Johnson's husband was brought back to Washington State to face trial for murder. The defense's sole hope was to discredit Larson's test-tube testimony; so it put another, older pathologist on the stand.

He scoffed at young Larson's "dime-novel" evidence. No one

could be certain about any of the evidence after nine years, he said. He was convincing, and he came close to swaying the jurors.

But Larson swayed them right back by giving an exciting courtroom demonstration of some of his tests. The startling clincher: To prove that saponified body tissue will float, he dropped a bit of Hally Johnson into a glass of water.

Her husband was convicted.

### His War Duty

Thanks largely to the reputation he'd built up as a medical criminologist, Larson got an unusual assignment during the last days of World War II. As a 34-year-old lieutenant colonel, he helped conduct the war-crimes investigations of such Nazi horror holes as Buchenwald and Dachau.

And he has a distinction that probably no other medical officer of the period can match. On the way to one concentration camp, the ground troops by-passed the town of Hammelsberg. The first Americans to enter the town were the war-crimes party. [MORE ON 218]

## Shoot the Works

● Heard on Philco Playhouse during the presentation of "Dr. Hudson's Secret Journal":

Dr. Hudson (who has just dressed a young man's injured hand): "Nurse, give him 300,000 c.c. of penicillin."

## They Keep Score On Staff Physicians

*In this hospital, a committee of doctors runs 'one of the nation's top-notch audit systems.' They study all clinical records, check into discrepancies, review the work of each M.D. And the men on the staff seem to like it*

By Michael Lesparre

● In a Chicago hospital one morning recently, a physician was rebuked by a medical staff committee. He had been removing too many normal appendixes, they said. So he would thereafter be denied surgical privileges.

Too drastic a punishment? The 180-odd doctors at Grant Hospital don't think so. They have faith in their audit program, which was responsible for the decision.

Later, when this doctor can show under supervision that he's ready to take on surgery again, the privilege will once more be granted to him. And there'll probably be no hard feelings.

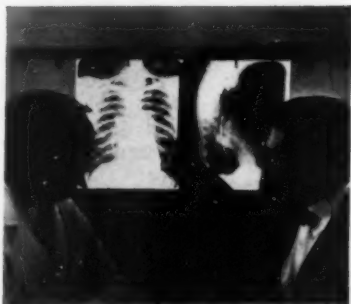
For the audit committee is only incidentally a body that sits in judgment on the activities of individual doctors. Its main function: to keep a constant watch over hospital records, with an eye toward top efficiency.

By keeping an itemized log of every diagnosis, treatment, and case outcome, it tries to assure the well-being of Grant's patients. It's a watchdog and promotion board; it's also the moving force behind the hospital's teaching program. So the conscientious physician has no reason to

## Five Benefits Of a Complete Auditing Program



*A sure system of staff promotions, based on past records.*



*More consultations and a greater exchange of clinical ideas.*



*On-the-spot records, as a boon to both doctor and hospital.*

fear the audit committee. Instead, he has good reason to be proud of its work.

Grant's system isn't unique. But it's better organized than most similar programs. Actually, less than 10 per cent of U.S. hospitals conduct medical audits. And many of these

limit their medical bookkeeping to a check of unnecessary surgery. Only a few study *all* clinical records as Grant does.

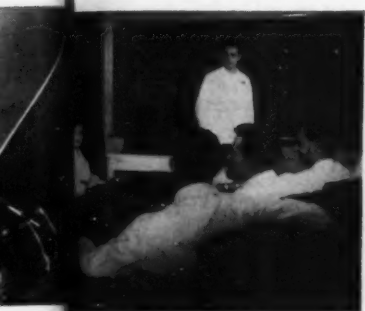
Why? For one thing, complete auditing entails paper work and special staff committees. For another, many physicians dread a program



## THEY KEEP SCORE ON STAFF PHYSICIANS



*Improved care to patients; often a shorter hospital stay.*



*A stronger teaching program, to promote staff morale.*

that *might* turn into a witch hunt.

But doctors at Grant say this latter objection is groundless. Their activities are under continual surveillance by "one of the nation's top-notch audit systems"—to quote Dr. Malcolm T. MacEachern, director of professional relations of the

American Hospital Association. Yet, they insist, there's *less* carping, *less* unfair criticism today than there used to be.

"The audit is something we literally brought on ourselves—and with good reason," says a staff surgeon. "We didn't want a Star Chamber; we wanted a guide to improved techniques. And that's what we've got."

It all began back in 1948, when a number of the staff physicians set out to revise their constitution and up-date Grant's teaching program. Why, these men asked, couldn't their 236-bed hospital measure the results of the medical care it provided? Only by so doing, they reasoned, could the staff plan a really practical teaching program.

So, to bring order out of easy-going confusion, these doctors campaigned for a strict accounting system of all medical staff work. They met some stiff resistance at first, naturally; but the idea took hold. Then, with guidance from the nation's authority on professional accounting, the American College of Surgeons—and with weeks of sleeves-up planning—the doctors of Grant Hospital blueprinted their program.

Surprisingly, it was (and is) a simple one: The medical audit committee is made up of a pathologist (the chairman), the medical director, two elected M.D.s from the G.P. section, one from surgery, one from medicine, and one from obstetrics-gynecology (all serving two-

## THEY KEEP SCORE ON STAFF PHYSICIANS

year terms). It meets every Monday morning to review the medical records of all patients discharged from Grant.

First, the committee members check the completeness of each record. Then they make a point-by-point study of entries under diagnosis, treatment, consultations, operative procedures, and results. A sampling of their check-list:

¶ *Do clinical results in this case support the final diagnosis?*

¶ *Do laboratory findings support the final diagnosis?*

¶ *Is there agreement between the*

*final diagnosis and the pathological diagnosis, if any?*

¶ *Was the treatment employed generally acceptable, or is it open to question?*

¶ *Did the physician exceed his privileges?*

The committee writes its answers to such questions on a special form. And that's the first step of the audit. There are no further steps in an individual case if the answers seem satisfactory. But if they aren't, more probing becomes necessary.

A couple of months ago, for example, one record lacked details of

### Medical Audit Pays Off in Terms of Sound Patient Care

This table compares Grant Hospital's mortality and other rates for 1953 with the standards set by the American College of Surgeons. The percentages are of total patient load.

	A.C.S. Standard	Grant Hospital
Infections	Below 1%	0.02%
Infant deaths	" 2	1.22
Deaths in childbirth	" 1/2	—
Total deaths	" 4	2.92
Caesarean sections	" 5	3.90
Autopsies	Above 25	53.52

a patient's physical examination. So the attending doctor—a specialist—was asked to complete the record and to submit it for a second review. (The committee then gave it full approval.)

Another practitioner was asked to appear before the audit committee to explain his treatment of a case of ectopic pregnancy. In doing so, he justified every entry on his patient's medical record. As a result—and because the case was unusual—the committee asked the doctor to present the facts at the next monthly staff meeting.

If a doctor fails to satisfy the committee, the head of his clinical department is asked for a *written* opinion of the case. Thereafter, if any of the physician's procedures still appear unjustified, the audit committee may refer the facts to the credentials committee.

The credentials committee may simply reprimand the doctor; or it may ask that the board of directors curtail his staff privileges or even dismiss him from the staff. Actually, however, it has never yet felt called upon to recommend a doctor's dismissal.

[MORE TEXT ON 120]



**THE MEN BEHIND THE AUDIT** at their regular Monday meeting. Left to right are Grant Hospital's Karl Gustin and Jack Williams (G. P. section); James Fitzgibbons (Ob.-Gyn.); chairman Harold Grimm, chief pathologist of the hospital; Carl Solander (surgery); William Hutchison, internist and medical director; and Samuel Nelson (medicine). Of the seven doctors on this committee, five were elected by their fellow staff members to represent the various hospital departments. New elections are held every two years.

# THEY KEEP SCORE ON STAFF PHYSICIANS

**REAL-LIFE EXAMPLE** of a typical audit is shown in the the medical librarian's report [V]. Names (except those of forms pictured on these and succeeding pages. First is audit committee members) have of course been disguised.

## MEDICAL RECORD REVIEW — for Medical Audit

Patient's Family Name <b>TRURO</b>	First Name <b>JOHN</b>	Attending Physician <b>Douglas Evans</b>	Room No. <b>XXX</b>	Hosp. No. <b>X-04</b>
---------------------------------------	---------------------------	---	------------------------	--------------------------

### THIS RECORD LACKS THE PARTS CHECKED

Numbers in parentheses indicate the score allocated to those sections of the medical record under the Point Scoring System originated by the American College of Surgeons.

<b>IDENTIFICATION DATA (2)</b> <input type="checkbox"/>	<b>SPECIAL REPORTS</b>	<b>AUTHORIZATIONS FOR</b>
<b>DIAGNOSIS</b>	Anesthesia <input type="checkbox"/>	Medical and/or Surgical Treatment <input type="checkbox"/>
Provisional (3) <input type="checkbox"/>	Autopsy (3) <input type="checkbox"/>	Release of Information <input type="checkbox"/>
Final (5) <input type="checkbox"/>	Consultation (5) <input type="checkbox"/>	Discharge without Physician's Orders <input type="checkbox"/>
<b>HISTORY</b>	Electrocardiogram <input type="checkbox"/>	Responsibility for Abortion <input type="checkbox"/>
Present Complaint (2) <input type="checkbox"/>	Laboratory (5) <input type="checkbox"/>	Autopsy <input type="checkbox"/>
Present illness (8) or <input type="checkbox"/>	Obstetrical <input type="checkbox"/>	Other <input type="checkbox"/>
Analysis of Complaints and <input type="checkbox"/>	Labor (2) <input type="checkbox"/>	
Inventory by Systems (6) <input type="checkbox"/>	Pelvic Measurement (3) <input type="checkbox"/>	
Family History (2) <input type="checkbox"/>	Physical Examination (3) <input type="checkbox"/>	
Past History (2) <input type="checkbox"/>	Prenatal (3) <input type="checkbox"/>	
<b>PHYSICAL EXAMINATION (10)</b> <input type="checkbox"/>	Medical or Surgical Treatment <input type="checkbox"/>	<b>NURSES' BEDSIDE RECORD</b>
<b>PHYSICIAN'S</b>	(Operation) (6) <input type="checkbox"/>	Date Admission <input type="checkbox"/> Time <input type="checkbox"/> Manner <input type="checkbox"/>
Orders <input type="checkbox"/>	Tissue: Gross (3) <input type="checkbox"/>	Date Discharge <input type="checkbox"/> Time <input type="checkbox"/> Manner <input type="checkbox"/>
Discharge Order <input type="checkbox"/>	Microscopic (5) <input type="checkbox"/>	Nurses' Signature <input type="checkbox"/>
Progress Notes (5) <input type="checkbox"/>	X-ray (5) <input type="checkbox"/>	On admission <input type="checkbox"/>
Condition on Discharge (2) <input type="checkbox"/>	Other <input type="checkbox"/>	On discharge <input type="checkbox"/>
Signatures <input type="checkbox"/>		

INCOMPLETE as indicated above  
PROVISIONAL and FINAL DISCHARGE  
DEATH  
RESULT OF TREATMENT

Progress notes (7) \_\_\_\_\_  
 Condition on Discharge (2) \_\_\_\_\_  
 Signatures \_\_\_\_\_  
 Microscopic (8) \_\_\_\_\_  
 X-ray (8) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Nurses' Signature \_\_\_\_\_  
 On admission \_\_\_\_\_  
 On discharge \_\_\_\_\_

**INCOMPLETE as indicated above**

By blue pencil let review \_\_\_\_\_

By red pencil on 2nd review \_\_\_\_\_

**INFECTIONS**

★1. Institutional \_\_\_\_\_

2. Noninstitutional \_\_\_\_\_

3. Postoperative \_\_\_\_\_

4. Puerperal \_\_\_\_\_

**★COMPLICATIONS**

1. Inevitable \_\_\_\_\_

2. Preventable \_\_\_\_\_

**★CONSULTATION**

1. Was it requested \_\_\_\_\_

2. Was it given \_\_\_\_\_

3. Was it recorded \_\_\_\_\_

4. Recommendations followed \_\_\_\_\_

**PROVISIONAL and FINAL DIAGNOSES**

1. Agree \_\_\_\_\_

2. Disagree \_\_\_\_\_

**FINAL and PATHOLOGICAL DIAGNOSES**

1. Agree \_\_\_\_\_

2. Disagree \_\_\_\_\_

**★NORMAL TISSUE REMOVAL**

1. Justifiable \_\_\_\_\_

2. Not justifiable \_\_\_\_\_

**FINAL DIAGNOSIS**  
Incomplete according to \_\_\_\_\_

1. History \_\_\_\_\_

2. Progress Notes \_\_\_\_\_

3. Report of Pathologist \_\_\_\_\_

4. Report of Operation \_\_\_\_\_

**DEATH**

1. Postoperative \_\_\_\_\_

2. Anesthesia \_\_\_\_\_

3. Institutional \_\_\_\_\_

4. Autopsy performed \_\_\_\_\_

**REFER TO**

1. Physician for additional information \_\_\_\_\_

2. Chairman of department for opinion \_\_\_\_\_

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESULT OF TREATMENT**

1. Expected \_\_\_\_\_

2. Inevitable \_\_\_\_\_

3. Justifiable \_\_\_\_\_

4. Not justifiable \_\_\_\_\_

**★MEDICAL FINDINGS**

1. Diagnosis not justified \_\_\_\_\_

2. Judgment faulty \_\_\_\_\_

3. Treatment not warranted \_\_\_\_\_

4. Technic erroneous \_\_\_\_\_

**★Numbers are intended for use as code numbers on Physicians' Index for hospitals conducting a Medical Audit.**

**PATIENT'S MEDICAL RECORD**

Ready for indexing \_\_\_\_\_

Not ready \_\_\_\_\_

**DATE** \_\_\_\_\_

**Call to attention of Program Committee** \_\_\_\_\_

**Medical Audit Committee Representative** \_\_\_\_\_

**M.D.**

**REVIEW OF RECORD FOR MEDICAL AUDIT**

C O N F I D E N T I A L

ATTENTION: Dr. Douglas Evans  
FROM: Medical Audit Committee, Grant Hospital  
SUBJECT: Patient John Truro Record No. X-04  
DATE: March 22, 1954

The Medical Audit Committee at its last meeting has decided that the above record does not meet hospital standards for the following reasons:

Progress notes are inadequate to evaluate patient's post-operative course and prolonged hospitalisation.

You are requested to correct the above deficiencies.

Your remarks pertaining to this case may be presented to the next Committee meeting to be held March 29, 1954

MEDICAL AUDIT COMMITTEE

DATE April 5, 1954

MEDICAL RECORD NUMBER X-04 IS REFERRED TO THE Surgical COMMITTEE BY THE MEDICAL AUDIT COMMITTEE FOR THE FOLLOWING REASONS:

The patient was admitted with a provisional diagnosis of Appendicitis Acute. The final diagnosis was also Appendicitis Acute. The pathological diagnosis: Normal Appendix.

Urinary findings suggest urinary tract infection.

SIGNATURE \_\_\_\_\_  
Chairman

**INVESTIGATION BEGINS** as the audit committee (1) notifies the physician that his records aren't complete, and (2) forwards case to surgical committee.

## THEY KEEP SCORE ON STAFF PHYSICIANS

ATTENTION: Dr. Douglas Evans  
SUBJECT: Patient John Truro  
RECORD NUMBER X-04 DATE April 5, 1954

The above record will be discussed at the next  
Surgical committee meeting to be  
held on Wednesday night April 15, 1954  
at 7:00 o'clock. We would like to have  
you be present at this meeting.

H. Grimm, M. D.  
Chairman

RECORD NUMBER X-04 DATE April 15, 1954  
THE OPINION OF THE Surgical COMMITTEE IS AS FOLLOWS:

In view of normal gross operative description of appendix  
and normal tissue report of appendix, the opinion of the  
Committee is that normal tissue was removed, not justifi-  
fiable. Urinary tract infection should have been ruled out.

SIGNATURE \_\_\_\_\_  
Chairman, Surgical Comm.

**SURGICAL COMMITTEE** then asks the doctor to attend its next meeting. Later,  
this committee's findings in the case are reported back to the full audit committee.

C O N F I D E N T I A L

Report from Medical Audit Committee

PATIENT'S NAME: John Truro HOSP. NO. I-04

PHYSICIAN: Douglas Evans

-----

Enclosed is a duplicate copy of the action taken by the Audit Committee after reviewing the record of the above named patient.

COMMENTS:

In view of normal gross operative description of appendix and normal tissue report of appendix, the opinion of the Committee is that normal tissue was removed, not justifiable. Urinary tract infection should have been ruled out.

Distribution: To Record Library for card index.  
To Dr. Douglas Evans

MEDICAL AUDIT COMMITTEE

Dr. Fitzgibbons Dr. Solander  
Dr. Gustin Dr. Williams  
Dr. Hutchison Dr. Grimm, Chairman  
Dr. Nelson



Dr. Fitzgibbons  
Dr. Gustin  
Dr. Hutcheson  
Dr. Solander  
Dr. Williams  
Dr. Grimm, Ch

[illegible]

**CASE IS CONCLUDED** when the audit committee has made a final evaluation of the records and reached a decision. Doctor and librarian are sent identical notices of the action taken. The librarian then winds things up by making a permanent entry on the physician's index card. Note that here the physician is identified only by a code number.

## THEY KEEP SCORE ON STAFF PHYSICIANS

Its most extreme recommendation to date has been the denial of all surgical privileges to a very few physicians. And this is in keeping with the experiences of other hospitals that conduct audits.

In one institution, for example, the auditors found that a physician had performed an unnecessary resection. It was his first misdemeanor. So he was warned, sharply. When, several weeks later, he repeated the offense, he was denied all privileges in surgery.

### Denial of Privileges

In yet another hospital, a doctor was similarly disciplined for inducing labor by an improper use of drugs. Other doctors, while not deprived of their privileges entirely, have been limited to intermediate or minor surgery.

But at Grant such cases are rare. Usually, the committee is able to forward its weekly notes directly to the medical records librarian. Then things happen pretty much in 1-2-3 order.

### Findings Kept Private

Routinely, the librarian transfers committee notes to each physician's index card—a card that contains the full Grant Hospital history of all the doctor's patients there. A code number, *not* the doctor's name, identifies the card. And it may be examined only by the physician himself and by members of the audit and credentials committees.

"Every doctor knows exactly where he stands," says Dr. Harold A. Grimm, one of Grant's two pathologists. "And comments from the staff show that most M.D.s like it that way."

### Promotion by Merit

One good reason *why* they like it: Promotions are made strictly on a merit basis. Before 1949, Grant's executive committee could theoretically promote a man just because it liked the cut of his hair. Today, the credentials committee bases all promotions on a study of individual performance records.

### The Monthly Score

Statistics have their greatest value over the long pull, of course. So the audit committee also makes both monthly and annual analyses of the hospital's medical records. The monthly round-up includes, for example, a statement of gross results: how many patients recovered, improved, didn't improve, died, or were discharged. And it shows the over-all records of infections, autopsies, etc.

"One of its most important aspects," says Dr. William A. Hutchison, medical director of the hospital, "is its impact on the teaching program. By calling attention to unusual cases, it helps enliven monthly staff meetings. There's no postponement of a thorough review of, say, a case of eclampsia or of an acute gangrenous appendicitis. Such mat-

ters are discussed while the facts are fresh in the minds of attending M.D.s.

### Annual Review

The monthly report is submitted also to the board of trustees, which thus keeps up-to-date on medical staff work. And it forms the basis of the audit committee's annual statistical review.

At year's end, all results are compared with the standards set by the American College of Surgeons. This is generally a proud moment for Grant. On January 1, 1954, for example, staff members were able to congratulate themselves on their efficiency during the previous year: In almost every possible way they'd bettered the national standards of sound patient care.

### Corrective Measures

But the annual audit doesn't end with statistics. With facts at hand, the committee seeks underlying causes of trouble spots. Typical examples, from the records of other institutions with medical audit programs.

¶ A high death rate may point to poor nursing care immediately following operations. In one hospital, nursing duties were completely revised—and the death rate dropped from 5 per cent to less than 1 per cent.

¶ Postoperative complications of a bronchial nature can result from overcrowded wards and faulty ven-

tilation. When an auditing committee became aware of just such conditions in its institution, it forced the trustees to correct them.

At Grant, one direct result of the annual audits has been a decrease in infections. The A.C.S. sets a limit here of 1 per cent; but infections at Grant have dropped far below that figure in the past three years—from .27 per cent in 1951 to .02 per cent in '53. One reason for this excellent record: the audit committee's insistence on constant study of sterile techniques.

### Limit on Surgery

And the merit system is probably partially responsible, too. New staff members aren't given surgical privileges without supervision at first. They're allowed to do surgery only after their records have demonstrated their all-round competence.

Do they resent such "discrimination?" Says Dr. Hutchison: "On the contrary. The new doctor, assured of surgical supervision until he proves himself, is relieved of many of the honest worries facing the well-trained but untried young surgeon." In other words, since he has plenty of time to feel his way, the new staff doctor stands a better chance of proving himself without needless errors.

### No Dissenters

And Dr. Hutchison adds: "Frankly, some of our staff members did have their doubts of auditing, a

few years ago. It looked to them like an insidious scheme to deprive them of certain rights. But they're enthusiastic about it now."

The enthusiasm seems virtually universal at Grant. Only one staff

member has resigned because of the audit. Even the physicians who have suffered loss of privileges defend the program staunchly.

Will an increasing number of hospitals be adopting forms of medical

## A Present for Prexy

• "What'll we give Joe?" they say.

Joe's the retiring president of the state medical society—about to be put out to pasture.

Before he trots away, some conscientious member may suddenly remember that the old boy ought to be given a good-by token of some sort.

But *what*?

To find out how the forty-eight state medical associations handle this momentous (or "mementous") problem, a certain business magazine for physicians asked them. Here's what it learned:

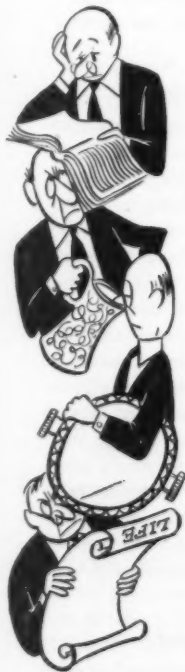
Thirty-seven of the societies now follow the practice of giving their outgoing presidents some evidence of their esteem. Three-quarters of these tokens are either certificates, keys, or gavels. ("We give him a rosewood gavel with an inscribed silver band," says Pennsylvania, adding enigmatically, "It's a very attractive gavel—as gavels go.")

As might be supposed, there are also combinations of, and departures from, these usual gifts. For instance:

Rhode Island gives not only a gavel but also a plaque to hold it. California, Idaho, and Indiana also give plaques.

Alabama, Iowa, and Mississippi present a lapel button. Florida gives a button and a certificate.

Colorado, New York, and Texas give either a medal or



auditing from now on? The A.C.S. obviously hopes so. In the belief that the best thing for any hospital staff is self-criticism, the college is studying all possible aspects of audit procedures.

An over-all improvement of the quality of patient care everywhere is the goal. And Grant Hospital's experience with the medical audit is one proof that such a goal is attainable.

END

a medallion. North Carolina gives what it refers to as "a jewel"—as well as "a speech of nicety" at the annual dinner. New York says simply, "We hang a gold medal on a green ribbon around his neck."

Georgia and Missouri give a key, plus a personalized bound volume of the society's journal for the past year.

Virginia and New Jersey give a free life membership. South Carolina presents a silver tray or water pitcher.

Eleven state societies give nothing, though two of them are considering the idea. (One of the eleven says, "We can't afford it. It's tough enough to make ends meet even now.")

The past president who thinks he can pick up his token and be off has another think coming. Chances are, his association will promptly grab him off for further service on its board of trustees or on one of its councils or committees. One state makes him—lucky fellow—chairman of its grievance committee.

Adds a southern state, sadistically, "We don't even reimburse him for his expenses!"

New Jersey explains that "We make him a Fellow. The Fellows are the ranking group in the society, listed even ahead of the officers. Only an ex-president can be a Fellow. It's an aristocracy of service. The category of Fellows has existed with us since 1825."

Oklahoma offers perhaps the greatest inducement of all: It hangs a framed picture of each past president on the wall of its headquarters conference room.

Sic semper prexiensis!

END



# Getting a Start In Industrial Practice

By Wallace Croftman

*Want to take advantage of industry's growing demand for part-time doctors? All you need do is choose the right springboard—and dive in*



● As recent articles in this magazine have pointed out,<sup>\*</sup> the field of industrial medicine is seldom strewn with roses. It doesn't have to be covered with brambles, either. Despite the problems that inevitably arise, a part-time industrial practice can be both interesting and profitable.

Let's assume that you'd like to try your hand at it. Before you hunt up a prospective employer, you'll want to settle a few questions. For example:

¶ How many hours a week do you feel you can give to industrial practice?

¶ Would you prefer to do such work in your office or at the plant?

¶ Do you want to be paid on a salaried or a fee-for-service basis?

¶ Would you rather work for one company or for several?

¶ Do you regard industrial work as simply a sideline—or as something that might eventually become a full-time career?

Once you've answered such questions satisfactorily, you're ready to look for the job you want. How and where to start? To a large extent, this will depend on the following factors:

Are you a specialist or a G.P.? Have you any special knowledge of industrial processes, labor-management relationships, and the like? What post-graduate courses can you take, to fill the gaps in your training?

Let's examine these matters in some detail:

There are opportunities in part-time industrial practice for both general practitioners and specialists; but the G.P. is probably better equipped for the *average* job.

For one thing, he's usually experienced at handling emergency cases. For another, he's likely to be adept at

<sup>\*</sup>See "Negotiating an Industrial Medical Contract" (February, 1954); "Company and Private M.D.s: Must They Feud?" (March, 1954); "Industrial Doctor: The Man in the Middle" (April, 1954).

## A START IN INDUSTRIAL PRACTICE

doing physical examinations with a minimum of lost motion. And, of course, his background equips him to handle just about all kinds of cases—and all kinds of people.

What if you're a specialist, then? In this event, you'll do well to consider working as a part-time consultant to one or more industrial firms. And you'll want to offer your services to the kind of company that's most likely to need them. If you're a dermatologist, for example, you might be especially useful at a dyeing or chemical plant; if an orthopedist, at a foundry.

Surgical skill can also come in handy—but it's no longer the *sine qua non* that it used to be. A couple of decades ago, most doctors who did industrial work were employed in heavy industries; and there they dealt primarily with accident victims. In those days, "doctor" meant "surgeon" to most companies.

Nowadays, though, the emphasis in occupational medicine is on prevention. As a result, the surgeon may be less in demand than the physician who can do examinations and organize a plant health-and-safety program.

### Knowing the Field

How much specific knowledge will you need of industry and its health problems? The answer will depend largely on the amount of time you plan to devote to industrial practice. Many companies require their *full-time* medical directors to

be "career men" in occupational medicine. They're expected to have had formal training in the field—perhaps as residents, perhaps as assistant medical directors of large plants.

On occasion, too, a part-time plant physician is selected because of his familiarity with one type of industrial problem. Thus a Pennsylvania paper company (which had been having a run of compensation cases) went to a local M.D. who had often testified skillfully for them; the company offered to put him on a retainer basis.

But the most common requirement for a part-timer is that he have a solid medical background. If he has done well in private practice, he can probably pick up the necessary industrial knowledge *after* he gets on the job.

### He Had the Knack

Not long ago, an East Coast G.P. was approached by the head of a local textile mill. Would the doctor be interested in taking charge of the company's new medical program?

"But I've never done industrial work," the physician pointed out.

That didn't disturb the company president. What he wanted, he said, was a man with a good medical background who seemed to have a special knack for getting along with people.

"We're pretty sure you'll fill the bill," he told the G.P. "You see, two of our executives have been making



the rounds of doctors' offices for the last couple of months. Ostensibly, they've been getting physical exams. Actually, they've been looking for the right man to run the new program."

As winner of the unannounced contest, the G.P. got what he considered an attractive offer: He was to give nine hours a week to the job, at \$15 an hour—a figure that just about matched his gross income from private practice. He accepted gladly.

### Learning by Doing

Sometimes a doctor can utilize a special knowledge of some industrial-health problem that he has picked up in his regular practice. Take Dr. H, for instance. He's gained a local reputation as an authority on the problems of workers in metal-products factories; and he's often asked to discuss these problems at medical society meetings, chamber of commerce luncheons, and so on.

Where did he learn all he knows about the subject? In his own office, through his private patients—many of whom work at a near-by sewing-machine assembly plant.

Recently, Dr. H gave up private practice, in order to serve a half-dozen plants in his locality on a fee-for-service basis. You may not want to go *that* far, of course. But you can go part of the way on the basis of any special interest you have in a particular industry.

If you feel you need some formal training in industrial medicine, you can get it in a number of ways. Many schools\* offer post-graduate courses that emphasize such topics as toxicology, accident prevention, occupational diseases, medical administration, medico-legal problems, and statistics. Clinical work is often given in conjunction with lecture courses. And some of the schools collaborate with medical departments of corporations, or with hospitals affiliated with large companies.

Some post-graduate programs amount to full-time residencies. But it's also possible to find "quickie" courses. A few of the schools have joined with the A.M.A., the American Academy of General Practice, the Industrial Medical Association, and the American Academy of Occupational Medicine in organizing a program designed to attract more doctors to industrial practice.

Their campaign is being forwarded through such activities as the following:

¶ Medical schools are staging symposiums, seminars, workshops, and conferences on occupational medicine. As a starter, the Harvard University School of Public Health held a two-day symposium in April, 1953. This year, a number of other schools have followed suit. At Tu-

\*Notably the medical schools at New York University, the University of Cincinnati, the University of Pittsburgh, and the University of Rochester, as well as the schools of public health at Columbia, Harvard, John Hopkins, the University of Michigan, and Yale.

## A START IN INDUSTRIAL PRACTICE

lane University Medical School, for example, practicing physicians have been briefed on such subjects as workmen's compensation laws (by a professor at the university's law school); absenteeism (by an insurance-company vice president); and "the industrial back" (by an orthopedic surgeon).

### Company Tours

¶ The medical directors of some 150 large corporations are arranging plant tours and demonstrations for local doctors. For instance, the Owens-Illinois Glass Company of Toledo, Ohio, encourages medical societies to meet periodically at many of its plants. A meeting generally begins with a tour, during which the plant physician explains the health problems he faces and what he does about them. Then comes a dinner (paid for by the company) and a question-and-answer discussion of industrial medicine.

¶ Local medical societies and A.A.G.P. chapters are also sponsoring discussions on industrial medicine. A case in point is the Medical Society of the County of New York, which recently offered a program covering subjects like the relationship of the industrial physician to the family doctor; history and record-taking in industry; and the importance of preplacement examinations of workers.

Assuming that your qualifications are in order, you can probably find the kind of job you want simply by

exploring the customary channels. You can answer the "help wanted" ads in newspapers and medical journals, for example; or you can make discreet inquiries at the new plant that just opened down the street; or you can register with a medical placement agency.

One or more of these approaches is likely to pay off. But there are several other, less obvious ways to break into the industrial field. For instance:

*You can make the most of your professional contacts.* When Dr. M hung out his shingle in a Chicago suburb, he arranged to provide vacation coverage for a couple of older doctors who did quite a bit of work at near-by plants. In addition to providing Dr. M with some extra income, this stand-by arrangement enable him to learn something about occupational medicine. Then, a year ago, one of the older physicians retired—and his industrial accounts naturally went to Dr. M.

*You can turn social contacts to good account.* An Ohio G.P. with an established practice found himself sitting next to a toy-company executive at a Kiwanis luncheon. In the course of their conversation, the businessman mentioned the problem of absenteeism at his plant. The doctor expressed immediate interest. "Don't you have a medical program there?" he asked.

When the other man shook his head, the G.P. told him what he'd heard a well-known industrial-med-

icine specialist say on the subject at a recent medical meeting. The executive was impressed. Some time later, the physician was asked to give two hours a day, four days a week, to the toy company.

### Compensation Cases

*You can handle occasional compensation cases.* Once a plant has had a run of accidents (with a corresponding hike in compensation-insurance premiums), it may be in the market for a health-and-safety program aimed at warding off more trouble. Thus, if a compensation case puts you in touch with company executives, you may find it easy to convince them of the value of preventive medicine.

*You can query insurance companies that write compensation coverage.* In handling the compensation cases that came his way, one medical man found that he liked industrial practice; so he asked an insurance company representative how he could broaden his contacts. The latter put him in touch with two companies that were looking for part-time doctors.

*You can register at placement bureaus run by medical societies, medical schools, or other professional groups.* The industrial-practice committees of some state and county medical societies regularly survey small industrial plants in their area; and they often recommend that a plant set up a part-time program.

If your society has such a com-

mittee, you'll want to get on its list of doctors interested in part-time industrial work. Or if there's a medical school in your vicinity, why not find out whether it runs a placement service in connection with its occupational-medicine department?

*You can persuade the management of a plant that has no organized medical program to establish one.* Before trying to sell the idea, you'll naturally arm yourself with all available ammunition on the value of plant medical programs. And, of course, you'll concentrate on pointing out how a well-organized program can cut down on accident ratios, absenteeism, compensation-insurance premiums, and so on.

You can get facts and figures to prove your point from the National Association of Manufacturers, the U.S. Department of Health, Education, and Welfare, and from other sources. (A MEDICAL ECONOMICS article in January, 1953—"Want a Part-Time Industrial Practice?"—took up in some detail the problem of selling company executives on such programs.)

It's possible, finally, to get started in occupational medicine through an "off-beat" type of practice. One Midwestern M.D., for instance, lives in a nonindustrial area; but he recently found an attractive part-time opportunity in a hotel. Another, in a similar situation, went to work for a department store.

A number of doctors have filled in their odd hours by working in the

union health centers that have sprung up in certain big cities. And a few medical men have gone to work for colleagues who run industrial medical services.

The field is, after all, as wide as America. No physician who really wants to enter it need fear that it's overcrowded.

But the part-time industrial physician *may* wonder whether he'll eventually be eased out of his job by a full-time specialist in occupational medicine. Such things do happen—as witness the following case:

### **'Out of a Job'**

For a number of years, a Massachusetts G.P. had been doing physical check-ups on the executives of a shoe corporation. Last year, however, the company decided to hire a full-time medical director. Since

the G.P. didn't want to devote all his time to the company, he lost the account.

"Guess I did myself out of a job by *doing* the job," he observes wryly.

It's true that, as the value of medical programs becomes increasingly apparent, some companies will show a greater preference for full-time industrial M.D.s. But this fact needn't worry the part-timer.

If anything, the growing stature of industrial "career men" should be to the part-timer's advantage. Why? Because the career men are proving the worth of occupational medicine in the big plants. As a result, the small company wants an in-plant medical program, too; yet it can't afford an elaborate set-up.

The alternative is some sort of part-time arrangement. And that, perhaps, is where you come in. **END**

## **Hold That Phone!**

● 3 A.M. The phone rings. I answer. "Doctor," a man's voice says, "I ain't breathin' so good."

After questioning, I determine that he has some form of nervous upset. "Try hot tea and whisky," I advise. "Call back in an hour if you're not feeling better."

4 A.M. The phone rings again. "Thanks, Doctor, I feel much better."

"That's good," I say. "Come by my office in the morning, and we'll give you a check-up."

6 A.M. The phone rings once more. "Doctor, what *time* should I come?"

—WALTER S. FELDMAN, M.D.

# The Gentle Art of Hatching A Malpractice Suit

By Justin Dorgeloh, M.D.

● Did *you* know that it is possible to torpedo a medical colleague with one of his own patients? Well, neither did I. But let me tell you about a fellow named Candidus Albicans, who spot-checks and overhauls his patients in the office next to mine.

Albicans was saddled with a brother-in-law lawyer who had everything except a visible means of support. For two years, this brother-in-law had bided his time in Albicans' spare bedroom and favorite armchair, bravely waiting for his first customer. You could see it was getting the doctor down.

But one afternoon I discovered Albicans in my office borrowing a six months' supply of Band-Aids, and I noted at once a remarkable change in his bearing. His eyes proclaimed an inner *anima mundi*; he no longer jerked his mouth or picked nervously at his clothes. What had caused the transformation?

My friend dangled before my protruding eyes the *piece de resistance* of his morning's mail. It was a letter from Albicans' fun-loving classmate of medical school days, J. Machiavelli Gadfly; and it was of such diabolical interest to doctors everywhere that I am reprinting it here:

Dear Candidus,

I have just received your sad letter. Believe me, old

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\*This article is being published simultaneously in MEDICAL ECONOMICS and in the Bulletin of the Alameda-Contra Costa (Calif.) Medical Association. It appears here in condensed form.

## HATCHING A MALPRACTICE SUIT

friend, your plight caused by that immovable brother-in-law has set my imagination to churning.

Now cheer up! I think I know the perfect way to dislodge him. Your solution, Candidus, is to get the boy barrister off your back by throwing him a few juicy malpractice cases. Once he's got a few francs in his jeans, turn the rascal out and see to the locks on your doors and windows.

Of course, if no ready-made lawsuit is at hand, it's up to you to concoct a case. This you can do quite easily whenever some colleague's patient strays into your waiting room. Just play your cards right, and you will be amazed at how rapidly the patient waxes critical of the medical care he has previously received. Then shuffle a deck of your brother-in-law's business cards before the fellow's greedy eyes and let nature take its course.

### Fun for Colleagues

It's all good, clean fun. Your medical colleague will be pleasantly diverted from weary routine as he tries to guess who put the finger on him. And even a nuisance-value settlement will enable that brother-in-law to pay for the meat and groceries you have been fattening him up with. So let's run over a few potent malpractice-hatching techniques:

First off, consider the fellow who takes French leave of his doctor and flees to you. You open your doors to the lucky fugitive, swear him in, and

seal the bargain with a blood count and a urinalysis. At this point a nicety of restraint on your part is indicated. *Do not communicate with the former doctor*—he probably has some wild notion that he knows what ails the patient.

Your action (more accurately, inaction) will let the patient know what you think of his previous healer. And you know, there just *might* be trouble when that former doctor bills the patient for those alleged services he rendered.

### Horror Story

Still another collector's item may wash ashore at your office door. This fellow, to hear him tell it, has been through absolute *hell*. His previous doctor's record of unnecessary operations, split fees, padded bills, and missed diagnoses would send *Mephistopheles* snivelling homeward with an inferiority complex. As you listen to this tale of horror, what do you do, Candidus? *Laissez faire!* Merely lift an eyebrow, allow your jaw to sag a bit, and look horrified. *Don't challenge the patient's story.* He might be planning to poultice his wounds with greenbacks from the doctor's till, and you'd be a spoilsport to punch holes in his story.

### That Dread Disease

Now let's suppose you've been asked to try your hand at pinpointing what's wrong with a certain hospital patient. You set out to stall your quarry while the referring phy-

sician is miles away on house calls. This is your lucky day—a laboratory report showing infectious mononucleosis precedes you to the patient's chart by a mere two minutes.

Candidus, here is a situation begging to be seized! Storm the patient's room with a three-nurse escort. Peer into the fellow's mouth and tell him he's been suffering from a rare disease known as infectious mononucleosis. Draw his attention to that pea-sized inguinal node which may have been overlooked. Explain that you'll not chance exploding his soft-

ened spleen by feeling for it (very possibly his own physician assaulted that left upper quadrant less than three hours before).

Then you can take the case over. Switch from Nembutal to Seconal (if the patient isn't color-blind, he'll *know* you're earning your fee). See him at least twice a day. Unless the patient has lost contact with his surroundings, he'll come to realize that his own doctor is not to be trusted in situations calling for *real* medical skill.

Let's say another patient brings



"I'm going out to the country club—one of the gardeners has a bad cough."

his cough to you, and you snap an X-ray shutter to see what his lungs look like. While you both wait for the portrait to emerge from the bath, the patient insists upon describing his recent sojourn in plaster of Paris for a spinal fracture. Quickly you turn to the dripping X-ray, which includes the area where the patient thinks the fracture was. You see nothing abnormal.

### **X-Rays Explained**

What do you say in such a situation? Just tell the patient you don't see any evidence that there ever *was* a fracture!

Sometimes you can start something by asking an innocent question. While examining a patient, for instance, you may notice a laparotomy scar. Try asking her gently how she got caught on that picket fence.

Sometimes, too, referred patients can be deployed to good advantage. Whenever you can manage it, *do not send the patient back to his referring doctor*. Steer him to another doctor, and don't bother to explain—the patient will think he understands.

### **Don't Blame Yourself**

Finally, suppose you have a patient who won't respond to treatment. Let's say you've tried everything short of pulverized dinosaur tooth, which isn't stocked in your local pharmacy. The solution, Candidus, is to point out that she *didn't come to you soon enough*. Whoever

the former doctor was, put *him* on the hook.

You should now understand, dear Candidus, the principles of innocently catalyzing a bit of legal activity. At no point need you do anything really *wrong*, and you can always sleep nights. When that brother-in-law begins to prosper, he can get the hell out of your castle and sleep somewhere else.

It's been good to hear from an old classmate. Remember the fun we used to have? I'll bet you didn't know that I'm the one who framed poor old Smitty with that brassiere in the coat pocket. Remember how the wedding was almost called off? Those were the days!

Your friend in need,  
"Mack" Gadfly

### **Doctor at Large**

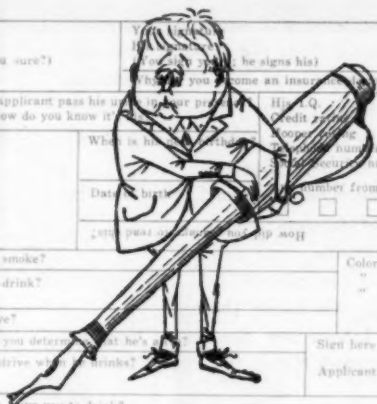
How did Gadfly's letter affect Albicans? The poor fellow was all enthusiasm and itching to loose that first torpedo. As for me, of course, I warned him to lay off what after all was pure dynamite—meanwhile gently shoving him out the back door so he wouldn't set eyes on any of *my* patients.

Today, on the anniversary of Gadfly's letter, I know that I have failed to stay Albicans from his mission. How do I know? For one thing, the brother-in-law has bought Albicans' homestead and kicked *him* out. Another sure sign of Albicans' activity is the way my malpractice premiums are skyrocketing.

END



Applicant's name		Address	
Business			
Weight	Y		
Height	he signs his)		
(Are you sure?)	Why do you want some an insurance?		
Did the applicant pass his insurance exam?		His I.Q.	
If not, how do you know it?		Credit	
Age	What is his method of	Insurance number	
		number from 1 to 10	
Does he smoke?		Color of hair	
Does he drink?		" " eyes	
Is he alive?		" " nose	
How did you determine that he's		Signed here	
Does he drive what he thinks?		Applicant's signature	
Does this give you to drink?			
Have you removed the clothing for the examination of heart and lungs?			
Have you put the clothing back on?			
Does he like his mother?	Fingerprints	Count his height again.	
Do you like his	What did he be?		
Is she interested in some insurance?			
Give full details about the applicant's standing in his community.			
Have you carefully reviewed your report for omissions or incomplete answers to any questions and initialed all changes or erasures on both sides?			
His signature		Your signature	



## Misadventures Of an Insurance Doctor

By John L. Edson, M.D.

● Insurance companies may tell you otherwise; but when you examine for them, you do practically all the work in applicants' homes or where they're employed. At least that's been true of most of the insurance exams I've done in the past eight years. And since my recent refusal to handle any insurance work except in my own office, I've

*\*This is the second of a series of articles. The author, who writes pseudonymously, is a Midwestern internist. He serves on the faculty of a leading medical school and was, until recently, an active medical examiner for a number of insurance companies. The views he expresses here are his own and not necessarily those of MEDICAL ECONOMICS.*

## INSURANCE DOCTOR

been asked to do almost no such examinations at all.

Naturally, any doctor finds out-of-office examinations inconvenient. What's more, a visit to a strange home is often an unpleasant journey into the unknown. The following blow-by-blow account of an experience of mine will show you what I mean:

It's 6 o'clock in the evening when I telephone the applicant. A little girl answers.

"Is Daddy there?" I ask.

"Who're you?"

"I'm the doctor. Is your daddy there?"

She's gone, but I hear her shouting: "Mommy, what's wrong with Daddy? Huh, Mommy, Mommy, Mommy?"

At last, a woman's voice: "Hello?"

"Mrs. Tullio? This is Dr. Edson about Mr. Tullio's insurance."

"He's down in the basement. Just a minute . . ."

I hear her shouting: "Hey, Pa, the doctor's on the phone."

Finally the man himself: "Listen, I dunno if I can squeeze you in. I got some frozen pipes in the basement, and the plumber's here, and we gotta get this fixed tonight. Got the water shut off, and the old lady's raising hell. How long's it gonna take?"

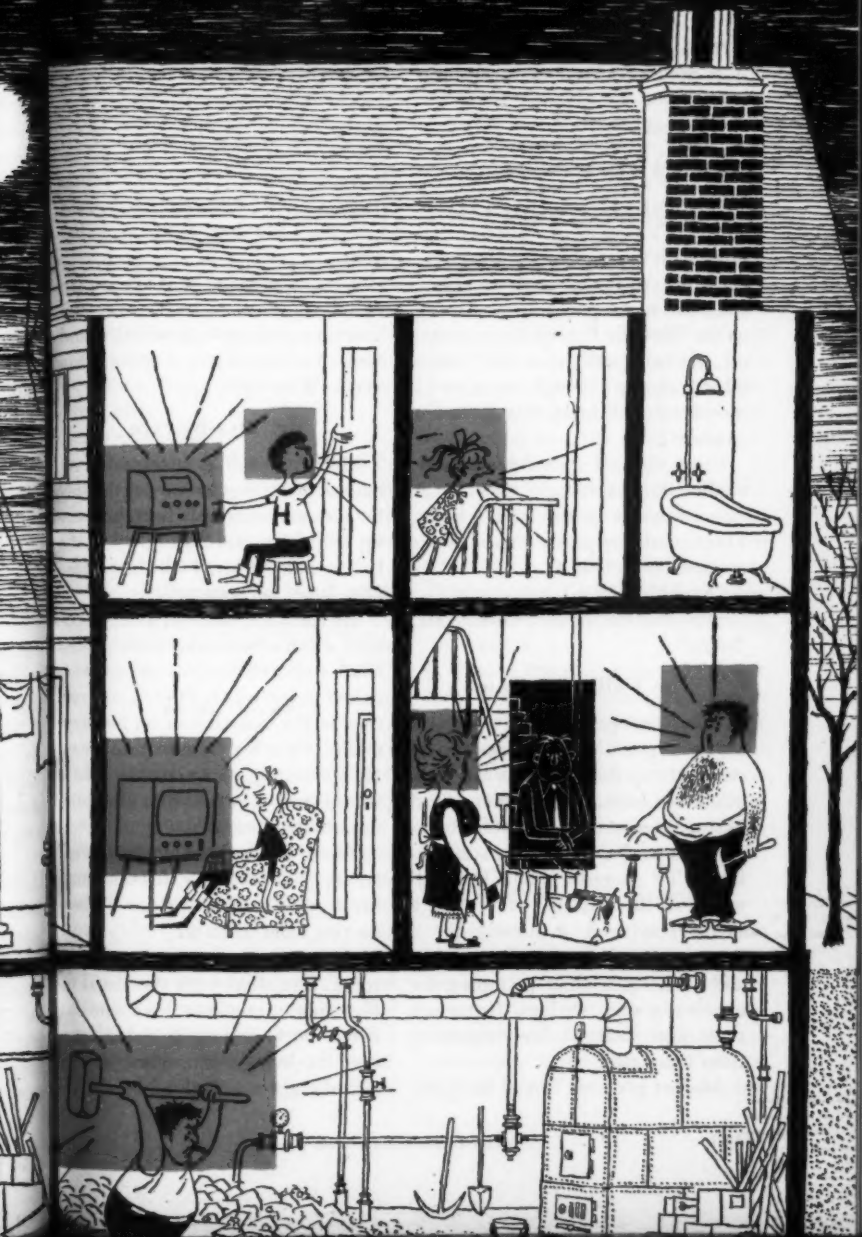
"About half an hour."

"Well . . . O.K., come on over. Make it fast, will ya?"

[MORE→

*Though a man's home may be his castle, it's not exactly the ideal place for a physical exam. Yet that's where most applicants get their check-ups (and the physician gets a headache)*





## INSURANCE DOCTOR

"I'll be there in about twenty minutes. Will you turn on the porch light?"

"Sure, sure."

### A Dark Street

The Tullios live at 1234 Park Street, in a new neighborhood of small, neat houses. The lighting company has yet to put in street lights, and there isn't a porch light showing on the block. So I creep along, pointing the car spotlight at the houses till it picks up the right number (I consider myself lucky that there is a number!).

I ring the bell several times; and, finally, the porch light goes on. A face peers out at me, and I smile. The face disappears. The door is opened on a chain.

"Yeah?"

"I'm the doctor to examine Mr. Tullio."

### The Tullios at Home

The door opens all the way; and the youngster who has opened it scampers up the stairs while I walk into a din such as I've seldom heard before. Mother and daughter (teen-age) sit in the living room watching a TV gangster film. The volume's all the way up; every time a revolver is fired, it sounds like a howitzer. Father and plumber are still in the basement, pounding the concrete with sledges. Between shots and slams, I hear squealing from the stairs.

Mother goes out to yell for Father.

Big sister shouts to little sister to come back down—that this time the doctor's here to examine Daddy, not to give her one of those nasty shots. But Mother, returning from the basement stairs, hollers that if little sister doesn't behave, the doctor *will* give her a shot, just to serve her right.

After a while, Mother again shouts for Father. He still doesn't hear her; so she goes downstairs and comes back with the information that he'll be right up.

### Mr. Five-by-Five

Mother and big sister now get back to the gangster movie; the tiny eyes me cautiously from halfway up the stairs; and I sit down in the hall to wait for Mr. Tullio. Five minutes later, he appears.

He turns out to be an amiable fellow, a stone mason by trade, about 5'5" and 210 pounds or so. He's naked to the waist. There's concrete dust in the matted hair on his chest and all over his trousers and shoes. He's sweating generously. He's snort if someone told him about underarm deodorant.

"Sure got trouble down there," he says. "Gotta hurry this up. Plumber's gettin' paid overtime. When do you want to do it?"

We're looking into the dining room, furnished with the usual table, chairs, and china. I indicate that it will do fine—even if it does open onto the living room, where mother and daughter are glued to the TV

screen. Fortunately, they can't hear us over the racket. Unfortunately, I can barely hear Mr. Tullio.

### Help From Ma

We slide past the first few questions all right. But when I ask him how old his father was at death, he needs help. "Hey, Ma," he shouts, "how old was my old man when he died?" No answer. Mr. Tullio goes into the living room, turns down the TV volume a bit, and repeats the question. He returns with the information.

We proceed.

There's a little less noise from the living room now. We can hear the hammering in the basement more clearly. There's also a shrill squeal and a clatter from the stairs.

Mr. Tullio says he has a sister. "How old?" I ask.

He shakes his head. "Hell, I don't know. Hey, Ma, how old is Bella?"

### In on the Act

Ma comes in with the answer. She's been itching to participate anyway; besides, the movie has temporarily given way to a commercial. Big sister comes into the dining room, too, bringing candy and her nail file. Driven downstairs by curiosity, the little girl also joins the party.

In this cozy, family setting, I ask Mr. Tullio whether he's ever had syphilis or gonorrhea, used narcotics, or been in an institution for the insane, and whether he's troubled

with rectal fistula, piles, nocturia, hernia, or urethral discharge.

He says no. His wife says these are sure funny questions. Big sister just sits there filing her nails. The little one rummages through my bag.

### She Gets Slapped

I go on writing, merely murmuring—in a studied, offhand tone—that since the bag is full of dangerous drugs, the little dear *could* get hurt. Mrs. Tullio springs at the child, belts her across the chops, and threatens her again with a shot in the arm. Driven by fear, the child retreats to the stairs.

Meanwhile, we finish the history, and I ask if we can turn off the television, just for a few minutes. Big sister turns it off, and I suddenly hear a sound I'd missed up to now. A radio is blaring upstairs—rattling the rafters.

I ask if this can be turned off, too. Big sister goes upstairs. A moment later, no more radio. Instead, I hear the whining of a 12-year-old that if he can't watch Mickey's Morons on TV, the least he should be able to do is listen to Interplanetary Idiocy on the radio.

### Weights and Measures

Big sister shushes him, and now there's just the sledge in the basement. Considering the overtime rates, I don't feel I should demand complete silence. So I begin my examination. I find that Mr. Tullio is exactly 5'5½".

[MORE→]

"Jeez," he protests, "I was 5'7" in the Army, and I ain't shrunk since."

I measure him again. Exactly 5'5½". I weigh him on my scale. He has said he weighs 185; but I make it 217 pounds, after removing an assortment of tools from his pockets. He's certain my little scale is inaccurate. I assure him it's not. He gets grumpy.

Next, I listen to his heart. He has a systolic murmur—I think. I take a deep breath and ask to have the concrete breaking stopped for just a few minutes.

### Silence !

The Tullios think I'm being mighty fussy, but they humor me. Mr. Tullio goes to the basement door and shouts to the plumber to take a break for a smoke. The only remaining noise is the clatter on the stairs and the laughter of Mrs. Tullio and her older daughter as they weigh themselves on my scale. In the tomblike silence, I listen to this murmur I thought I could hear.

We're on the last lap now. I ask Mr. Tullio if we can go to the bathroom. He leads me upstairs, and the clatter becomes frantic. As the little girl disappears into a bedroom, she squalls that she doesn't *want* a shot in the arm. When her father and I close the bathroom door behind us, the tiny charmer runs to the landing and screams downstairs: "What's Docta gonna do to Daddy in the toytot room, Mommy, huh, Mommy, Mommy, Mommy, huh?"

There's no answer. Perhaps Mommy doesn't hear. In one bedroom, Interplanetary Idiocy is blasting again. A private eye is chasing crooks in the living room. And in the basement, the cigarette break is obviously over.

Having examined Mr. Tullio for herniae, I wash my hands and give him a specimen bottle.

"Jeez, I just went before you come," he says.

I suggest that he try, anyway. He says he will; I should just leave him alone. So I go downstairs and put on my coat. While I wait for Mr. Tullio to coax nature, Mrs. Tullio wonders aloud what kind of vitamins I'd recommend for the little one, whether I'm in favor of Yak's Reducing Pills with the miracle additive, and if I think there's enough nutrition in Mother Hammerschlog's Marinated Mincemeat.

### Success at Last

Mr. Tullio lumbers down the stairs. Beaming, he hands over the bottle.

"Pretty good shape, hey?" he says. But he's afraid that maybe he's too heavy. I tell him he'll hear from the agent, and I don't know if he'll be penalized. He says it's too bad I use such a little scale. He's got a big one at the yard. Never weighed over 185 on it.

At last I'm out in the street. As I start up the car, I can hear concrete being broken up. And it seems to me I faintly catch the sound of a TV

commercial—something about marinated mincemeat.

I'm sure that a lot of you who have read this far will accuse me of either (1) writing fiction or (2) being a sloppy examiner.

### Explaining Tullio

Let me assure you, first, that the story is true. Except for the detail of the concrete breaking (which happened only once), the incidents that occurred in the Tullio home were duplicated night after night in my experience as an examiner.

But that doesn't eliminate the second point: the chance that I'm sloppy about the way I conduct examinations. To deal with that, let me go back over parts of the Tullio story for a moment.

The central trouble, of course, was that I saw the man in his home (thanks to the agent's fervent desire not to inconvenience a prospect). All flaws in the examination procedure resulted from that original error.

### Keep It Confidential

For example, consider my telephone conversation with the Tullios. Had I followed the dictum of one large insurance company, I'd have remembered that "the fact that the applicant is being examined for insurance should be treated . . . confidentially . . . and should not be divulged to any unauthorized person."

Presumably, then, I shouldn't have told Mrs. Tullio who I was or

why I was calling. In which case, she probably wouldn't have put me through to Mr. Tullio.

So, with her, as with all applicants' wives, I identified myself at once and explained the purpose of my call. If I broke a company rule—well, that was too bad.

By the same token, I made no effort to keep the details of Mr. Tullio's examination secret from the rest of the family. Perhaps the most private room for the examination would have been the Tullio's master bedroom. After some experience with bedrooms, though, I know that most of them are woefully inadequate. The average one has a bed and a chest of drawers. No chair to sit on. No table to write on. [MORE→]



"You'll have to make another house call. She's up and around—but not in this direction."



## INSURANCE DOCTOR

I've also found that bedrooms are poor places in which to take an applicant's blood pressure. Where, for instance, does he sit; and where do you put the sphygmomanometer?

Perhaps the inconvenience wouldn't matter if a bedroom *really* insured privacy. But it doesn't. In the course of answering questions, an applicant inevitably consults with his wife a few times. In the end, she stays in the room, just as she wanted to from the start.

So I always used to settle for any available spot—bedroom, living room, even the kitchen. (I hope the medical directors now understand the reason for gravy stains on some medical forms). And though I may have made an occasional plea for privacy, I must admit that I didn't really expect to get it.

### The Short Trailer

Once, when I was new at insurance work, I examined a man in his one-room trailer. The insurance form demanded that the exam be confidential, so I dutifully considered asking his wife to go outside. She'd have refused, of course: It was raining cats and dogs. After that, I stopped worrying much about keeping home examinations private.

I may say that the Tullio family was far easier to get along with than some I've run into. Aside from children, noise, and concrete dust, Mr. Tullio's examination was duck soup. On other occasions, I've run afoul of snarling dogs, scratching cats, and,

once, a stinking buzzard (his owner called him a South American parrot) that tried to chew off my ear.

You get the idea. The applicant's home is hardly the perfect setting for an insurance examination. Neither is his place of business. For instance:

### Places of Business

¶ I've examined the proprietor of a hamburger stand in his kitchen, pausing now and then so he could prepare orders shouted to him by his waitress.

¶ On one freezing day, I examined the co-owners of a foundry in their unheated, makeshift office.

¶ I have examined the owner of a roadside bar in a tiny storage room, separated by only a plywood partition from a vibrating jukebox.

¶ I have examined the owner of a dry-cleaning store in the rear of his shop, with machinery making such a racket that we had to shout to be heard.

¶ I once examined a gas-station operator in a cubbyhole behind a display stand. It was a bitter cold day. He wore heavy wool underwear, wool shirt and trousers, a G.I. field jacket, a heavy coverall, and high boots. It was all he could do to hold up his clothes while I checked his heart and lungs.

### Executive Suite

Unusual examples? Maybe. But here's a typical one:

An agent called me and said he



had an important case. Would I zip right over and examine this big executive in his big office on the sixth floor of a fine office building? It would be very quiet and private.

The man turned out to be a small executive in a small office on the second floor of a run-down building. The office *was* reasonably quiet, but hardly private. The main problem was that the door had a glass window and no shade. Other workers (male and female) sat outside and could, by turning their heads, see right in.

Some of them even dropped in while we did the history; but he said he was busy, and they left. He finally told me that he'd been rejected for military service because he had large inguinal rings. Naturally, I had to do an especially careful examination for herniae.

Moral: Executives with glass doors ought to be examined in doctors' offices.

### Woman Trouble

It's difficult enough to examine male applicants in their homes or places of business; but the hardship is even greater when the applicants are women. One company declares that "female applicants should be examined in the presence of a nurse or other female attendant." I agree; but I usually had to examine women in their homes, as arranged by the agents. Does the company think I took along my office nurse?

Nearly every time I saw a woman

in her home, she was alone. Yet, the insurance forms call for a heart size, a thorough examination of the abdomen for surgical scars, and careful palpation of the breasts for tumors. I assure you that in home examinations I made no effort to examine the breasts. Indeed, in such cases, I never even asked the applicants to remove their clothing.

I remember one occasion when I examined a woman in midmorning. I rang the bell, and there was considerable delay before an attractive young housewife opened the door. She appeared somewhat flustered and was dressed—hurriedly, I gathered—in an open-throated housecoat, revealing a remarkable degree of what's known these days as cleavage.

As far as I could tell, we were alone. I took the young woman's history. When I got to the question, "How long have you been married?" she replied demurely, "One week."

Just as I started to take her blood pressure, a strapping young man wearing pajamas, bathrobe, and an irritated expression strode into the room. He watched us without comment, while I finished what I confess was a superficial examination. It never entered my mind to look for tumors.

### Follow-Up, Too

I don't want to labor my point that the examination of applicants away from the office is extremely unsatisfactory both [MORE ON 236]



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# American in Vienna

By Mauri Edwards

● To the American public, Vienna has traditionally meant wine, women, and waltzes. But to American doctors, for the better part of a century, Vienna stood for even more: It was the hub of medicine's post-graduate universe.

During that golden era, some 12,000 U.S. medical men streamed to the city on the Danube, to study under renowned Austrian tutors. Then, in the late Thirties, the stream thinned to a trickle. Hitler had come.

Today, Hitler is history; and even under four-power occupation, Vienna is having some success in making a comeback as a medical mecca. The American doctor who goes there now finds that the University of Vienna has rebuilt its medical faculty around a nucleus of prewar greats. Fifty-two major hospitals and 534 post-graduate courses are open to him.

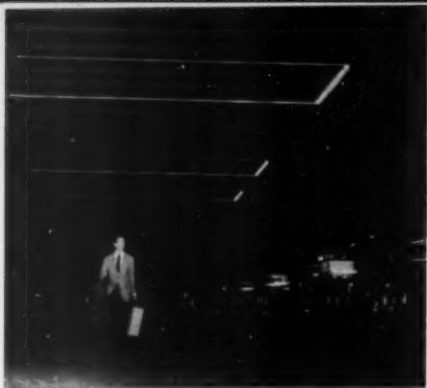
Vienna's gaiety has returned, too. The wine would delight Franz Josef; the women are beautiful; the music is still in three-quarters time.

A typical young American in Vienna is Dr. James Ducey. A year ago, he completed a residency in internal medicine in New York City. Before entering private practice, he wanted to make a more intensive study of pathology. So he tried for, and got, a Fulbright fellowship; then he set out for Europe.

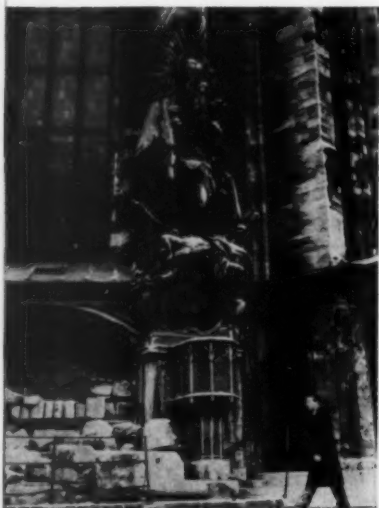
[MORE→

**IN PATHOLOGICAL INSTITUTE** [◀] of the University of Vienna, two young Austrian M.D.s and American Jim Ducey (third from the left) do an autopsy-room examination, as Dr. Herman Chiari, institute director, supervises. For just such personal instruction, Ducey [▶] made his trip to Vienna.





**NEW AND OLD** Vienna strike Ducey's eye. He arrives [▲] at the new Westbahnhof (West Station), erected to replace the terminal destroyed during World War II. Old Vienna [▼] is typified by St. Stephen's Cathedral, built in the twelfth century. The outdoor pulpit, shown here, dates back to the Black Plague, when services for its victims were held outside the church.



## So This Is Vienna

**DUCEY RUBS ELBOWS** with the Soviets at Heldenplatz, outside a wing of the Hofburg Palace, now a club for Russian officers.



## AMERICAN IN VIENNA

► The best way to meet a strange city is on foot. So Jim Ducey, American, introduced himself to Vienna by walking through the heart of the city, smelling its smells, listening to its voices. He looked at a sprinkling of new buildings amid many war-battered old ones. He strolled past clumps of occupation troops. Mostly, though, he found Vienna exactly as he imagined it had always been — “an old and gay and lovely city—utterly charming.”

[MORE→





**TOP FACILITIES ARE AVAILABLE** at the Pathological Institute, Jim Ducey has found. Here [▲] in the world-famous pathological museum, he and his mentor, Dr. Herman Chiari (both in the background) discuss an exhibit. In a break between classes, [➤] Ducey pores over his notes in a newly modernized amphitheatre, long used by American students. The institute is located in the Allgemeines Krankenhaus, a teaching hospital connected with the University of Vienna.

## Medicine: Realism and Idealism . . .

► Why go to Vienna to study medicine?

"That's easily explained," answers Jim Ducey. "Probably nowhere else in the world can the post-graduate medical student find a comparable system of practical instruction."

Suppose a doctor wants to do work in surgery. He elects precisely the instructors and the courses he wants (paying roughly \$50 a month for the instruction he receives). He knows there'll be a minimum of lecture work and a maximum of the real thing.

He'll see an operation performed in the morning. That afternoon, he'll do the very same operation on a fresh



## AMERICAN IN VIENNA

cadaver. And there are always cadavers available, because of a unique, 200-year-old law that requires post-mortems on all persons who die in the network of city hospitals.

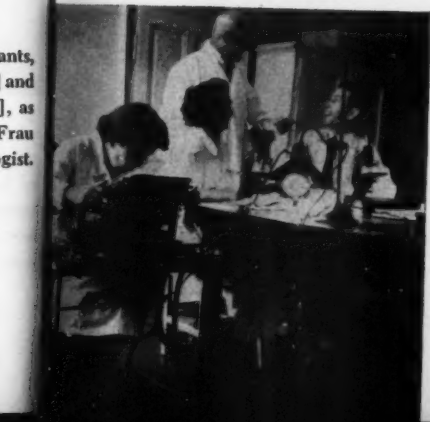
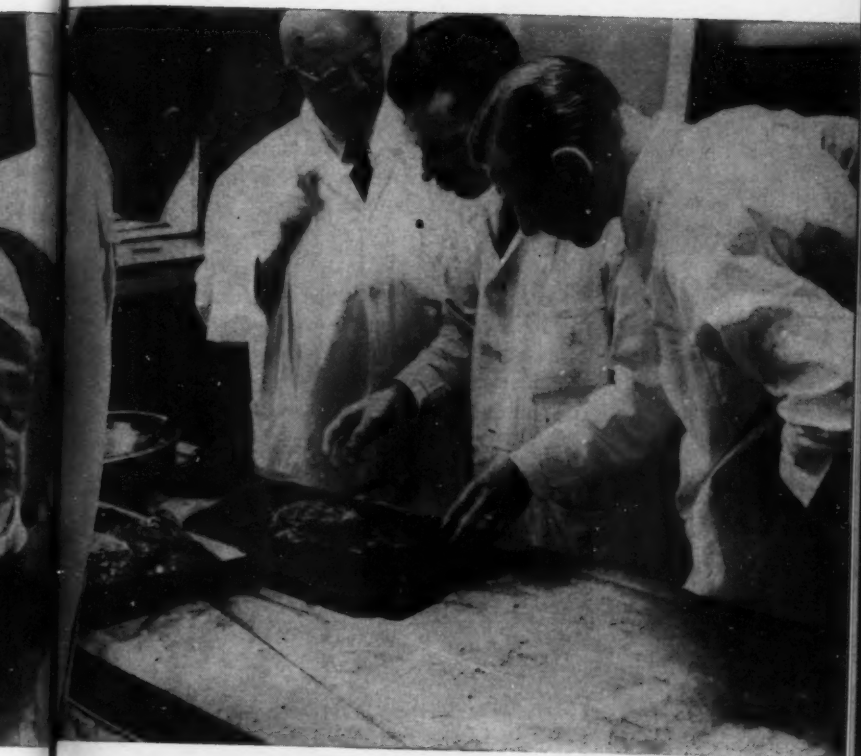
Cadavers even helped preserve Vienna's renowned pathological museum: As a precaution against World War II air raids, the museum's priceless exhibits were lowered into the basement vaults of the university's pathological institute. Then, when Nazi capitulation ended the danger of raids, a new threat arose: Marauding Russians were loose in Vienna; and the museum's specimens would have made prize booty.

Professor Herman Chiari, the institute's director, saved the day by piling cadavers just inside the door of the vaults. When the Russians finally arrived, they were so appalled at this sight that they made a prompt exit, never to return. In time, conditions were sufficiently stabilized in the city for Dr. Chiari to restore the museum to its pre-war condition.

The loyalty that Vienna's medical teachers feel toward their university is profound. They're poorly paid (associate professors earn only \$100 a month, assistant professors just \$80). Yet, they're apparently well satisfied. In at least one recent instance, a celebrated Viennese professor was guaranteed \$40,000 a year to teach and practice in the U.S. He turned the offer down.

**UNDER WATCHFUL EYES** of Dr. Chiari and his assistants, Dr. Ducey examines a gross pathological preparation [▲] and reaches the correct diagnosis of a microscopic slide [▶], as a stenographer types details. Sitting beside Ducey is Frau Dr. I. Obiditsch-Mayer, a leading histological pathologist.





[MORE→]

### At Home Abroad . . .

► Jim Ducey hangs his hat in a spacious furnished room on the third floor of Universitaetsstrasse 5, ancestral palace of the Baron Reitzes, a Viennese banking family. He has a private bath, his own entry foyer, even a private elevator. For this, he pays 800 Austrian schillings a month—about \$30 U.S.

That's a lot of money for Vienna. But utilities and maid services are included. Besides, the palace is in the heart of Vienna's academic and cultural section.

Dr. Ducey is a brisk, three-minute walk from the Pathological Institute. He's a stone's throw from the Wiener Rathaus (city hall). By street car, he can get to Kaerntnerstrasse, Vienna's Fifth Avenue, in five minutes.





**ELIGANT IS THE WORD** for Ducey's Vienna home. Near a fine bronze [◀], he studies a medical text. Under an elaborate chandelier [▲], he bolts down an early morning cup of coffee. (Sometimes, a maid serves him his breakfast in bed.) Through the French doors, you can just make out the Votive Church.

## AMERICAN IN VIENNA

**STILL-LIFE** photograph speaks volumes about the special interests of one American medical man abroad.



### On the Town Vienna Style . . .

► When Jim Ducey arrived in Vienna, he couldn't speak a word of German. Nor could he ski. Now, thanks to the help of a young EENT resident from the Tyrol, he's reasonably qualified to do both.

On frosty week-ends, he can often be found on the ski trails of Kitzbuehel, looking almost like a native. He may not sound like one when he orders Wiener Fruehstueck (Vienna-style breakfast) at the Kaisergarten—or mild-tasting but powerful Heuriger Wein (New Wine) at the Grinzing Keller; but he makes himself understood.

Like most of his compatriots, he probably feels most at home in an English-speaking oasis. There's just such a place for the U.S. doctor in Vienna: the American Medical Society, now celebrating its golden anniversary.

The A.M.S. moved into its present quarters only a year ago. Located just up Universitaetsstrasse from Ducey's handsome flat, the society shares its building with the Cafe Beethoven. It's a happy arrangement: The cafe's cooks and bartenders do the society's catering—mixing drinks to U.S. specifications and serving four-course dinners for as little as 40 cents.

[MORE→

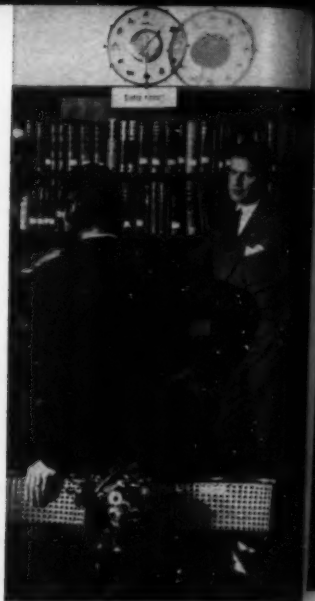
**BREAKFAST OUT** at the Cafe Kai-ergarten is an occasional bow to tradition. For something like 60 cents, Ducey has eggs, coffee, and all the rolls, butter, and jam he wants.



**GOOD FELLOWSHIP** is enjoyed by Ducey and some of Dr. Chiari's assistants in the Grinzinger Keller. The slender wine stand holds a liter bottle. To fill your glass, you simply press it up against the spout.



## AMERICAN IN VIENNA



**IT'S COCKTAIL HOUR** at the American Medical Society (above, left). With Ducey are Dr. M. Arthur Kline (left), executive secretary of the society; and Dr. William P. Locke, a visitor from Hyde Park, N.Y., with his son, wife, and daughter. Michael of the Cafe Beethoven staff tends bar. On the wall behind him is a blow-up of an eighteenth-century etching of Vienna's first general hospital. In the society library (above, right), Ducey and Locke talk shop.

Presiding over the society is Dr. M. Arthur Kline of Boston. Once a Vienna student himself, he returned two years ago, personally advanced much of the \$40,000 needed to reestablish the society, and stayed on as its executive secretary.

In this role, he took Jim Ducey in tow and helped him arrange his courses at the university. Kline's current projects: attracting more Americans to Vienna and rebuilding the society's library, much of which was lost or destroyed during the war.

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**'TWO FOR TONIGHT'** Dr. Ducey tells his date, over a complicated Austrian telephone [▲] in the society's lobby. (The tabs on the wall list some of the medical courses available to visiting American physicians.) Later, Ducey and his Viennese friend enjoy a performance of the Vienna opera company [▶] at the Theater an der Wien. Their box seats cost approximately \$1.20 each.

[MORE→





**AFTER THE OPERA**, Ducey and his date join two friends in the bar of the swank Hotel Sacher, which like many Viennese landmarks still shows its battle scars. Drinks are relatively expensive there—about 40 cents for good French cognac, though only half that for the Austrian brands. Last stop of the evening: an all-night wurstel (hot dog) stand.





AMERICAN IN VIENNA



CINZANO



# Jottings From A Doctor's Notebook

By Martin O. Gannett, M.D.

● There was little question, after the evidence of the urethral smears, that Marc Hutley was harboring the tell-tale gram negative diplococcus.

"But, Doctor, I swear I haven't bothered with girls since I lost my job. I haven't the money."

There is no overestimating the susceptibility of some ladies to charm . . .

• • •

Peter Lamont's profession is the practice of medicine; his avocation is acidulous comment on the shortcomings of his colleagues. During rounds yesterday he turns from the examination of Lester Beale, fixes the interne with a baleful eye, and, bouncing gleefully on the balls of his feet, gives himself to the joys of creation:

"Did I understand you to say that this man was here two months ago and was discharged as having no heart disease? Take a note. Ah—hm . . . During previous hospitalization this patient's heart lesion inexplicably escaped notice. This in spite of the fact that the systolic murmur at the base and the thrill accompanying it seems impossible to miss . . . By the way, Mr. Beale, who was your doctor last time?"

"Why you were, Dr. Lamont. Don't you remember examining me?"

• • •

The majority of patients seeking surcease from obesity are spurred by the hope of cosmetic improvement. A few want relief from physical disability. [MORE ON 233]

## Picturesque

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of the same hormones if swallowed.  
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# I'm No Longer a 'Joiner'

*When he discovered that familiarity too often breeds an empty office, this doctor decided to keep his club contacts limited—and formal*

By Joseph Miller, M.D.

● The stocky man pushed his way through my waiting room and introduced me to the nondescript young fellow who had been trotting behind him:

"Joe, this is Mike Schaeffer."


Just like that . . . I was "Joe." Not "Dr. Miller." Not even "Doc." But "Joe."

I doubted that this was the way to make a proper impression on a potential patient. But for a long time the stocky man and I had sat together Tuesday nights and played poker at the Giraffes' Club. And *there*, of course, we were all Joe and Bill and Harry to each other.

In a way it was my Uncle Ephraim's fault. He had been the leading practitioner in a small town before they blew up the Maine; and while I was in medical school he used to say, "Joe, the secret of a doctor's success is contacts. Best way to pack in a lot of contacts in a short time is to join a fraternal order or a civic club."

Our town had a number of nonprofessional organizations. The Giraffes and the One-Good-Turn Club were near the top of the roster.

The One-Good-Turn Club was made up of executives, merchants, and professional men who had a luncheon meeting every week. It was part of a national organization that really has done a lot of good both for its members and for the community. Our local unit, for instance, had



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DEPENDABLE  
RELIEF**

HP\*ACTHAR Gel, subcutaneously or intramuscularly brings fast, dependable relief in anogenital pruritus and other itching dermatoses. HP\*ACTHAR Gel does not provoke sensitivity reactions, as do so many "sedative drugs" or "antipruritic ointments".

Three patients with intractable anogenital pruritus who were completely relieved by ACTH therapy have been reported in a recent article.<sup>†</sup> In other instances, HP\*ACTHAR Gel provides needed relief until specific, time-consuming measures can exert control.

<sup>†</sup>Fromer, J. L., and Cormia, F. E.: J. Invest. Dermat. 38: 1, 1952.

**HP ACTHAR** *Gel*

The small total dose required affords economy and virtual freedom from side actions.



**THE ARMOUR LABORATORIES**

CHICAGO 11, ILLINOIS

A DIVISION OF ARMOUR AND COMPANY

needed the city fathers into installing a variety of necessary civic improvements and we had sponsored all sorts of worthy causes.

### Giraffes Social

The One-Good-Turn Club would be classified technically as a "service organization," whereas the Giraffes would fall into the category of "fraternal orders." The Giraffes were mostly honest, hard-working folk who gave and found in the organization a lot of warmth and camaraderie. Their club house was a haven for honest card players, bored husbands, and fellow Giraffes passing through town.

I joined both clubs because Uncle Eph's advice seemed sensible. My motives weren't purely financial. I did enjoy the weekly beer and poker party with the Giraffes and the fellowship and good food at the One-Good-Turn Club. I made a lot of friends in both.

But the expectation that membership would help my practice was admittedly a factor.

Did it *actually* help? Unfortunately, no. Fellow Giraffes were always asking, "Can you give me the name of a good bowel man?" or "What's the best liniment for a cold in the shoulder muscles?"

It just didn't occur to them that I, too, might be a good "bowel man" or that advice on the shoulder muscles was, in a sense, my professional stock in trade.

I soon learned that a patient en-

tertains no illusions about a physician's powers when that physician is a card companion named "Joe." I found that I held a patient's respect and confidence only when I maintained a reasonable degree of aloofness.

### Need to Keep Aloof

While the doctor shouldn't be a stuffed shirt, he should, I discovered, impress the patient as being not quite like ordinary men. Maybe there ought to be something of the priest even in the modern physician. Certainly the brother Giraffes, who reportedly agreed that I was a prince of a fellow, were consistent about calling Doctor Entwick whenever someone in the family was sick.

They had seen me with my bedside manner off. So they couldn't believe that I had any stock of miracles to call on in a crisis. Entwick, on the other hand, always seemed to be trailing clouds of untouchable divinity.

My Rx was just a memo to the pharmacist. Entwick's advice was a dictum from Olympus.

### Clique Trouble

The situation in the One-Good-Turn Club was a bit different. The members had a high-school-like cheer that they roared at visiting members and a corny song with which they opened their luncheons. But they still wore their Sunday manners at all club meals.

The club's trouble lay in the fact

**NOW!**

Riker Offers *Simplicity*  
of effective treatment in all stages of  
**HYPERTENSION**

TWO TABLETS  
AT BEDTIME



Supplied in 2 mg. tablets in bottles of 60, an average month's supply.

**Rauwiloid®**

FOR THE LARGE CONTINGENT OF  
PATIENTS WITH MILD, LABILE  
HYPERTENSION

Moderate hypotensive action...exerted slowly and gradually...mild bradycrotic, tranquilizing, sedative (nonsoporific) effects...rapid relief of symptoms...are the properties of Rauwiloid, a selective alkaloidal extract (alseroxylon fraction) of rauwolfia. • No contraindications, virtually no side actions, and no postural hypotension. • Simplicity of treatment substantiates the reassuring statement usually made to the patient: "There is really nothing seriously wrong with you!" Therapy begins with two tablets at bedtime. After adequate effect, maintenance dose is rarely more than 1 tablet h.s.

**SERPILOID®** When an isolated crystalline alkaloid of rauwolfia is preferred, Serpiloid (reserpine, Riker) in a measure provides the actions of rauwolfia alkaloids which Rauwiloid presents in full. Dosage adjustment presents no difficulty. Therapy is initiated with 1 tablet (0.25 mg.) t.i.d. or q.i.d., to be adjusted after adequate time for hypotensive effect. Supplied in scored tablets, 0.25 mg. each, in bottles of 100.

PRODUCTS OF ORIGINAL RIKER RESEARCH

**RIKER LABORATORIES, INC.** 8480 Beverly Boulevard, Los Angeles 48, California



## Rauwiloid® + Veriloid®

— in a single tablet —

FOR MODERATE TO SEVERE HYPERTENSION

ONE TABLET T.I.D.  
AFTER MEALS



In the combination of Rauwiloid and Veriloid the two hypotensives apparently potentiate each other, producing a stabilized, usually adequate drop in tension from better tolerated dosage, with greatly diminished side actions to Veriloid, rapid relief of associated symptoms, and a gratifying sense of tranquil well-being. Contraindications only those to Veriloid.

Indicated in the ascending potency scale of Riker hypotensive agents in moderate to severe hypertension (Grades II and III) and in patients who do not respond to Rauwiloid alone. • Initial dosage, 1 tablet, t.i.d., after meals. After two weeks for Rauwiloid effect, increase (if needed) by small increments, not more than once or twice weekly. Maintenance dose from 1 to 2 tablets t.i.d. or q.i.d.



Each tablet provides 1 mg. Rauwiloid and 3 mg. Veriloid. In bottles of 100, an average month's supply.

## Rauwiloid® + Hexamethonium

— in a single tablet —

FOR INTRACTABLE OR RAPIDLY  
PROGRESSING HYPERTENSION

The combination of Rauwiloid and hexamethonium—in a single tablet—proves definitely superior to blocking agents alone.

Rauwiloid stabilizes—and seemingly potentiates—the effect of hexamethonium—as little as 50% of usual hexamethonium dosage may prove adequate.

Lowered blood pressure is more stable—side actions are lessened—associated symptoms are rapidly overcome—patient feels he has “a new lease on life”—dosage adjustment is simpler—and patient supervision less burdensome.

Contraindications and cautions are only those applying to hexamethonium.

Initial dosage, 1/2 tablet q.i.d., not less than 4 hours apart, before meals and on retiring. After two weeks (for Rauwiloid effect), dosage should be increased by 1 tablet daily, not oftener than twice weekly, until tension is stabilized at desired level.

INITIALLY

1/2 TABLET Q.I.D BEFORE  
MEALS AND AT BEDTIME



Each scored tablet contains 1 mg. of Rauwiloid and 250 mg. of hexamethonium. Supplied in bottles of 100 tablets, an average month's supply.

## I'M NO LONGER A 'JOINER'

that it was split down the middle by a factional schism that I never quite understood. One clique was plugging for a city sales tax and a municipal parking lot. The other was carrying the torch for more playgrounds and lower bus rates. In all innocence, I fell in with the latter group; and soon the One-Good-Turners of the other persuasion were mentally readying me for appearance before a Congressional committee.

By accepting the chairmanship of the innocuous-sounding child welfare committee, I had apparently advertised myself as allied with the wrong group. Unwittingly, I had made myself a flock of enemies.

This phase of my life came to an abrupt end when I exchanged my

blue serge suit for khaki a few years later. While I was in the Army we got into a bull session about this problem one evening in the officers' club of the station hospital.

One breezy young lieutenant (who had entered service right after internship) announced that he was going to join four nonmedical organizations as soon as he opened his office. He had it all figured out: one service club, one veterans' organization, one athletic club, and one fraternal order. His reasons were contacts, relaxation, broadening his mind, and an opportunity to be of community service.

And, with him, it will work out exactly that way. He is a natural backslapper. He plays the part with

just 2 capsules



a day for anemia



# MOL-IRON PANHEMIC

WHITE LABORATORIES, INC., Kenilworth, New Jersey

when nausea and vomiting  
bring a plea for help . . .

suggest first aid with . . .

# EMETROL

PHOSPHORATED CARBOHYDRATE SOLUTION

a safe, pleasant-tasting, oral antiemetic . . .

effective in 6 out of 7 cases of functional vomiting<sup>1</sup> . . . reduces gastrointestinal smooth muscle contractions physiologically . . . contains no antihistaminics, barbiturates, or other drugs . . . also useful in nausea of pregnancy, and for drug- or anesthetic-induced vomiting

**IMPORTANT:** EMETROL is stabilized at an optimal physiologic pH level. Dilution would upset this careful balance. For this reason, EMETROL is always taken straight, and no fluids of any kind are allowed for at least 15 minutes after administration.

1. Bradley, J.E., et al.;  
J. Pediat. 38:41, 1951;  
idem; Amer. Acad.  
Pediat., meeting Oct.  
16, 1951.

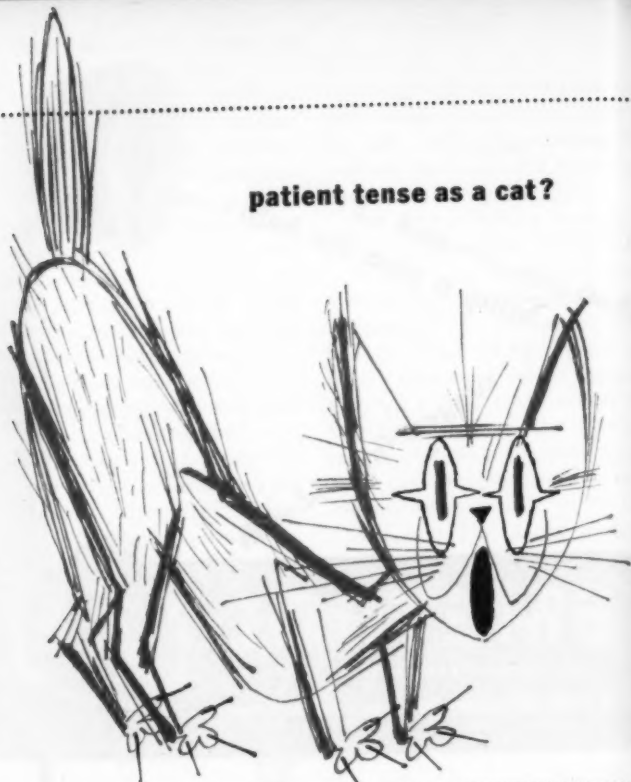
**Supplied:**  
In bottles of 3  
fl.oz. and 16 fl.  
oz., at pharma-  
cies everywhere

*Kinney*

write for complete literature

KINNEY & COMPANY, INC. • COLUMBUS • INDIANA

patient tense as a cat?



for "nervous indigestion" consider

# 'Co-Elorine'

(Tricyclamol Sulfate and Amobarbital, Lilly)

**an improved anticholinergic  
with a mild sedative**

**FORMULA:**

'Elorine Sulfate' (Tricyclamol Sulfate, Lilly).....25 mg.

'Amytal' (Amobarbital, Lilly).....8 mg.

**DOSE:** 1 OR 2 PULVULES THREE OR FOUR TIMES A DAY.



ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.

## I'M NO LONGER A 'JOINER'

out any air of artificiality or opportunism and, to do him justice, without any such feelings either.

This reminds me of another military colleague. He was a man of considerable intellect, but bookish and austere. He went into private practice after leaving the service, but in spite of his vast knowledge of pH and Rh he never earned enough to worry about his income tax. In his case, joining a social organization was a blue-ribbon boner. He would sit next to fellow members at meetings or luncheons; but, having no capacity for small talk, he remained mute. The members concluded that he was a dope. He should have remained in an exclusively professional climate.

When I returned to practice after my stint in uniform, I entered a specialty in another town. I now go occasionally to the local Giraffes, and I'm introduced respectfully as "Dr. Miller."

### No More 'Joe'

In this chapter I've never given any basis for "Joe." I stay out of the card games. And, as far as the general membership goes, I'm a dues-paying brother who is too busy healing the sick to come to many sessions. Still, they know I'm always ready to see a fellow Giraffe (at my office, of course) and to talk over his health problems.

I go to many weekly luncheons with the local One-Good-Turn Club,

## Relief of Hemorrhoids without masking serious pathology



# Anusol®

Hemorrhoidal Suppositories

**Without anesthetics or analgesics,  
Anusol provides fast and prolonged  
relief from itching and pain.**

**WARNER-CHILCOTT**  
*Laboratories* NEW YORK

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eons  
Club,

# "ATHLETE'S FOOT"

*NO respecter of Seasons*

ITS JUNE IN JANUARY ... for the hibernating *Trichophyton mentagrophytes* (arch criminals in athlete's foot) in the humid heat of the shower room or in the damp warmth of wool-stocked feet. The attack against athlete's foot is a year-round attack. The winning attack is with OCTOFEN LIQUID and POWDER. *Athlete's foot will never get a foothold.*

**OCTOFEN LIQUID — Fungicidal:** Contains power-charged 8-hydroxyquinoline (2.5% in 43% ethyl alcohol solution) Kills causative fungi in two minutes flat — *in vitro*. Clinically effective in 90% cases tried.<sup>1</sup> *Treatment:* swab affected parts liberally in the office and at home until cured. Popular with patients, OCTOFEN LIQUID is non-irritating, greaseless, non-staining, quick-drying.

## OCTOFEN® LIQUID POWDER



**OCTOFEN POWDER — Fungicidal — Absorbent:** Contains 8-hydroxyquinoline as well as silica gel which helps keep the feet bone-dry (a must in treatment). OCTOFEN POWDER is silky-smooth, non-caking, soothing—curbs foot odors. *Treatment:* dust affected parts; socks; shoes; liberally between liquid applications.

**FOR OPTIMAL RESULTS:** Use OCTOFEN LIQUID and POWDER in combination as described for maximum therapeusis and prophylaxis.

<sup>1</sup> Exp. Med. & Surg., 7:37, 1945.

McKesson & Robbins, Inc.  
Bridgeport 9, Connecticut

Dept. ME

*Kindly send me free samples of your  
OCTOFEN LIQUID and OCTOFEN POWDER*

Name \_\_\_\_\_ M.D.

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

McKESSON & ROBBINS, INCORPORATED  
BRIDGEPORT 9, CONNECTICUT

coordinated action  
against  
pain / spasm

# SALIMEPH-C

Trademark

in skeletal muscle  
disorders

relieves the pain  
that causes spasm

relaxes the spasm  
that causes pain

**SALIMEPH-C**, a new synergistic combination of mephenesin and salicylamide, successfully combats the interrelated pain and spasm of arthritis, myositis, bursitis, spondylitis, and low-back pain by providing:

**SUSTAINED MUSCLE RELAXATION**, in a new clinical study<sup>1</sup> of 200 unselected cases of arthritic and myositic conditions with associated pain and skeletal muscle spasm, **SALIMEPH-C** definitely gave effective relief from pain and spasm often after other forms of therapy including ACTH and Cortisone had failed.

**MAXIMUM SAFE ANALGESIA**, use of salicylamide in **SALIMEPH-C** provides desired analgesia at a lower drug level<sup>2</sup> and is better tolerated than acid-forming salicylates.<sup>3,4</sup> Optimum vitamin C levels are assured by the addition of ascorbic acid.

**REFERENCES:** 1. Natanson, A. L., Wisconsin M. J., in press.  
2. Seeberg, V. P., et al.: J. Pharmacol. & Exper. Therap. 101:275, 1951. 3. Brodie, D. C., and Szekely, L. J.: J. Am. Pharm. A., Scient. Ed. 40:414, 1951. 4. Wegmann, T.: Schweiz. med. Wchnschr. 80:62, 1950.

\*Trademark of Kremers-Urban Co.



ethical pharmaceuticals since 1894  
**KREMERS-URBAN COMPANY**  
LABORATORIES IN MILWAUKEE

Each tablet of  
**SALIMEPH-C** contains:  
salicylamide 250 mg., me-  
phenesin 250 mg., and as-  
corbic acid 15 mg.

**SUPPLIED:** bottles of 100,  
500, and 1000 tablets.



## 'JOINER'

but I decline all committee work unless I have been adequately briefed and know that the program is unlikely to rouse any hostility. ("I'm much interested in this cause, Mr. President, but my first duty is to my patients and I simply can't afford the time.")

I patronize several stores and agencies run by club members. I call the owner of each "Mister" and indicate by word and manner that I do not expect any privileged attention. As a result, I *do* have the contacts but I do *not* have the impaired dignity, contumacious familiarity, or expectancy of special favor that my previous conduct always made inevitable.

Since I'm less active in both clubs than I used to be in my former community, belonging to them naturally takes much less of my time. I like it better this way. I think the members do, too. And I'm sure my wife does.

END

## Anecdotes

! MEDICAL ECONOMICS will pay, until further notice, \$25-\$40 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice.

Medical Economics, Inc.  
Rutherford, N.J.

**CLINITEST<sup>®</sup>**  
BRAND  
*for detection of urine-sugar*

"...completely accurate  
when properly performed."\*

"...good correlation with the amount of sugar  
determined with Benedict's quantitative method."\*

"Mistakes...less likely with Clinitest."\*

\*Cook, M. H.; Free, A. H., and Giordano, A. S.: *Am. J. M. Technol.* 19:283, 1953.

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Ames Diagnostics  
Adjuncts in clinical management





**He's heard the call for**



MOGEN  
Bos

DE

406110

# or VI-DAYLIN®

STERILIZED MIXTURE OF VITAMINS A, D, B<sub>1</sub>, B<sub>6</sub>,  
B<sub>12</sub>, C AND NICOTINAMIDE, ABBOTT)

No matter that he's getting a full day's supply of *seven* important vitamins, including body-building B<sub>12</sub>. To him VI-DAYLIN is lemon-candy treat all the way.

VI-DAYLIN needs no pre-mixing, no droppers, no refrigeration. Mother can pour it as is—serve it with milk, cereals or juices—and store it where she wishes.

For kids—and for grown-ups who dislike tablets and capsules—you'll find VI-DAYLIN tops among liquid multivitamins. Prescribe it in the economical pint-size bottle. There's more than enough for the next three months.

**Abbott**

DELICIOUS 5-CC. TEASPOONFUL OF VI-DAYLIN CONTAINS:

◆ Vitamin A (synthetic)	3000 U.S.P. units
Vitamin D	800 U.S.P. units
Thiamine Hydrochloride	1.5 mg.
Riboflavin	1.2 mg.
◆ Vitamin B <sub>6</sub> Activity	3 mg.
Ascorbic Acid	40 mg.
Nicotinamide	10 mg.



## invitation to asthma?

### *not necessarily . . .*

Tedral, taken at the first sign of attack, often forestalls severe symptoms.

***relief in minutes . . .*** Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation.

***for 4 full hours . . .*** Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

### *Prompt and prolonged relief*

with Tedral can be initiated any time, day or night, whenever needed, without fear of incapacitating side effects.

### *Tedral provides:*

theophylline . . . . .	2 gr.
ephedrine . . . . .	$\frac{3}{8}$ gr.
phenobarbital . . . . .	$\frac{1}{8}$ gr.

*in boxes of 24, 120 and 1000 tablets*

# Tedral

**WARNER-CHILCOTT**

*Laboratories*

NEW YORK

# Automatic Typing— Boon for Busy Offices

*Why not try it for personalized form letters, diet lists, and instructions? Other duplicating processes, too, can save your aide's time*

By Alton S. Cole

● It probably takes your secretary ten minutes or so to type routine instructions for prenatal care. If you multiply this several times and add the many minutes she spends copying standard diet lists and other forms, what have you got? The answer: several hours subtracted from her work week.

If you'd like her to spend more time on less routine chores, why not have some of your commonly used forms duplicated mechanically? A number of doctors have such material reproduced in quantity by means of automatic typing.

"But," you may protest, "I want *my* patients to feel they're getting individual attention. I can't hand them what looks like a stereotyped form."

The great advantage of automatic typing, which is available from letter companies throughout the country, is that it doesn't *look* stereotyped. In fact, it produces a result identical with original typing. (It's not to be confused with multigraphing, mimeographing, or photo-offset; these methods serve a useful function, but not when the effect of hand typing is required.)

Suppose, for instance, you want to give a patient diet

## AUTOMATIC TYPING

instructions. If complicating factors are present, a special list may have to be typed by your secretary. But in most cases the diet will be so standardized that you can have one or two hundred copies reproduced by automatic typewriter on your letterhead. You can then distribute them as the need arises.

### Slight Delay Advised

The patient knows it takes time to prepare individual instructions. So it's usually best to mail them after his visit. Your secretary waits a day or two, then sends out the automatically typed instruction sheet with a short covering letter. This has the additional advantage of giving you another contact with the patient.

Automatic typing may be used for almost any form in which the appearance of original typing is required. For example:

¶ Letters suggesting immunization or reminding patients to come in for periodic health examinations.

¶ Instructions about prenatal care, about infant feeding, or in preparation for basal metabolism tests.

¶ Lists of foods to include and to avoid in a diet.

¶ Announcements of changes in practice or changes in address, when a personal letter may be preferable to a printed card.

Automatic typing employs the player piano principle. The text to be reproduced is typed on a ma-

## NOT A SUBSTITUTE!

NOT just a plasma expander, but genuine blood plasma itself . . . offering not only speedy, natural blood volume expansion, but the plus value of its recovery-speeding homologous proteins and natural nutrients. Supplied in 300 cc. liquid units . . . clear, citrated normal human plasma, *ready for immediate infusion.*

Hyland Laboratories, 4501 Colorado Blvd., Los Angeles 39, California; 248 S. Broadway, Yonkers 5, N.Y.



# HYLAND LIQUID PLASMA

# BRONCHIAL ASTHMA

dramatic relief even in the "refractory" patient

Even asthmatics who have proved refractory to all customary measures including epinephrine (and even to other forms of ACTH) may benefit dramatically from HP\*ACTHAR Gel.

Fast relief in severe attacks of bronchial asthma can be confidently expected with HP\*ACTHAR Gel, given either subcutaneously or intramuscularly. HP\*ACTHAR Gel may also provide long-lasting remissions.

When used early enough, HP\*ACTHAR Gel may become a valuable agent in prolonging the life span of the asthmatic. The authoritative Journal of Allergy stresses: ACTH "should not be withheld until the situation is hopeless."

1. Editorial, J. Allergy 23: 279, 1932.

**HP\*ACTHAR** *Gel*  
(IN GELATIN)

\*Highly Purified. HP\*ACTHAR\* Gel is The Armour Laboratories Brand of Purified Adrenocorticotrophic Hormone—Corticotropin (ACTH).



**THE ARMOUR LABORATORIES**

A DIVISION OF ARMOUR AND COMPANY • CHICAGO 31, ILLINOIS

## AUTOMATIC TYPING

chine that perforates a master roll. When the roll is subsequently "played" on an automatic typewriter, an exact duplicate of the original text appears. It looks like real typing because it is real typing. The only difference is that it's not done by hand.

### For Large Mailings

If you're going to send out a large mailing of, say, change-of-address announcements, you may want to ask the letter company also to fill in the recipient's name and address, and the salutation. These are typed first by the operator; the same machine then types the body of the letter automatically.

Incidentally, when you have to

supply names and addresses for fill-ins, don't ask your secretary to type a list of them. Instead, have her address the envelopes and let the shop use them as a list. This will save any unnecessary duplication of effort.

If she herself is to type in the address and salutation, you'll want to make sure that the shop uses a machine with type and ribbon like hers. Then her fill-in can be made to match.

### How Much?

Prices for automatic typing vary a good deal from shop to shop and from city to city. However, they're roughly as follows for a single-page letter of some 250 words: for the

just 2 capsules



a day for anemias



# MOL-IRON PANHEMIC

WHITE LABORATORIES, INC., Kenilworth, New Jersey



A Most Potent Weapon  
of Modern Medicine

# Aureomycin<sup>\*</sup> Triple Sulfas

TABLETS LEDERLE

24-hour action against  
gonorrhea • bacillary dysentery

*each tablet contains*

Aureomycin HCl 125 mg. • Sulfadiazine 167 mg.  
Sulfamerazine 167 mg. • Sulfamethazine 167 mg.

AUREOMYCIN TRIPLE SULFAS is a  
4-in-1 product, a potent therapeutic  
weapon of modern medicine.

For gonorrhea, the recommended  
dosage is 4 tablets: 2 tablets initially  
followed by one tablet at 6-hour  
intervals. Course may be repeated  
if necessary.

For bacillary dysentery, dosage  
should be based on patient's weight.  
Average daily dose is 2 tablets 4  
times daily.

Bottles of 12, 100 and 1,000.



<sup>\*</sup>Trade Mark

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

Pearl River, New York

## AUTOMATIC TYPING

first couple of hundred copies, \$18 per 100; for over 250 copies, \$16 per 100. The charge for filling in addresses and salutations is usually about \$3.50 per 100.

If you also want to have your letters hand-signed, folded, inserted, sealed, stamped, and mailed, add about \$6 per 100 (plus postage) for this combination of services. (Most doctors, though, prefer to have letters signed and mailed in their own offices.)

At first blush, automatic typing may appear expensive. Compared with less satisfactory processes, it is. But if you have only a minimum office staff, the cost of getting someone in to do the work or the inconvenience of trying to cram it into an

overcrowded schedule may be false economy. In such cases the cost of automatic typing is apt to be *relatively* low.

### Mail Orders Possible

As with printing, the unit cost becomes less as more copies are ordered. If less than 100 are needed, it may prove wiser to have your secretary type them; if more than 100, automatic typing will be worth considering.

This form of duplication is available from letter companies in most cities. (Look in your classified telephone directory under "Addressing & Letter Service.")

Even if there's no letter house in your locality, you may find it con-

## In Peptic Ulcer management and in Hyperacidity



### The Non-constipating Antacid Adsorbent

# Gelusil<sup>®</sup>

A pleasant tasting combination of especially prepared aluminum hydroxide gel and magnesium trisilicate.

WARNER-CHILCOTT

*Laboratories*

NEW YORK

# THE RECONSTRUCTIVE IRON TONIC.....

of wide application

Each bottle contains	220 mg.
Iron-Folic Acid	100 mg.
Iron-Folic Acid-Sulfate	100 mg.
Manganese Chloride	10 mg.
Pyridoxine Hydrochloride	10 mg.
Riboflavin	10 mg.
Vitamin B <sub>12</sub> (Cyanocobalamin)	50 mc.
Thiamine	1 mg.
Pyridoxine Hydrochloride	5 mg.
Pantothenic Acid	2 gm.
Liver Fraction 1	1 gm.
Rice Bran Extract	20 mg.
Cholesterol	50 mg.
Choline	50 mg.

Provides the multiple requirements for effective treatment of nonspecific asthenia.

The combined therapy is designed to increase appetite and improve the blood picture. Better digestion and improved anabolism are part of the corrective process.

Livitamin is designed to treat the entire syndrome

gynecology

surgery

geriatrics

convalescence

obstetrics

pediatrics

Livitamin

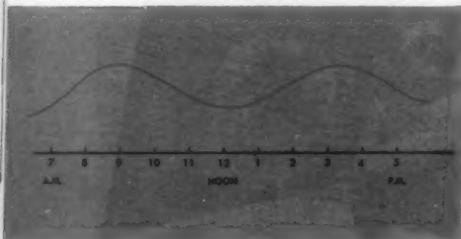
WITH IRON

massengill

BRISTOL, TENNESSEE

# tension

Tension in the average patient is not a continuous state. It is not exhibited at a constantly high level throughout the day and night.



In the vast majority of cases tension is exhibited in daily cyclic peaks . . . brought about by the pressures of modern living.

To alleviate the symptoms of tension a sedative is required. But in view of the fact that tension is exhibited in cyclic peaks . . . continuous sedation is unnecessary. It only tends to "overdrug" the patient. It may even affect the patient's efficiency during the day.

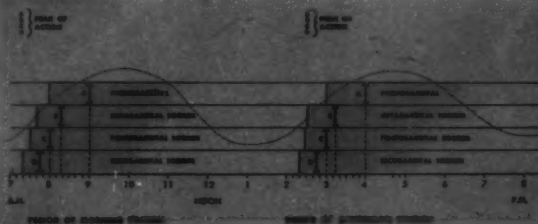
**NIDAR** In direct contrast to preparations for "around the clock" sedation, is a new formulation especially designed to reduce the patient's tension *when it exists*.



**new**

for individualized control of tension peaks

*Short-acting NIDAR provides sedation when necessary*



**NIDAR**

Each light green scored Nidar tablet contains:

Secobarbital Sodium . . . . .  $\frac{3}{8}$  gr.

Pentobarbital Sodium . . . . .  $\frac{3}{8}$  gr.

Butobarbital Sodium . . . . .  $\frac{1}{8}$  gr.

Phenobarbital . . . . .  $\frac{1}{8}$  gr.

In bottles of 100 tablets

Nidar works so effectively in relieving tension patterns because of its . . . rapid onset . . . additive action . . . and short duration of activity.

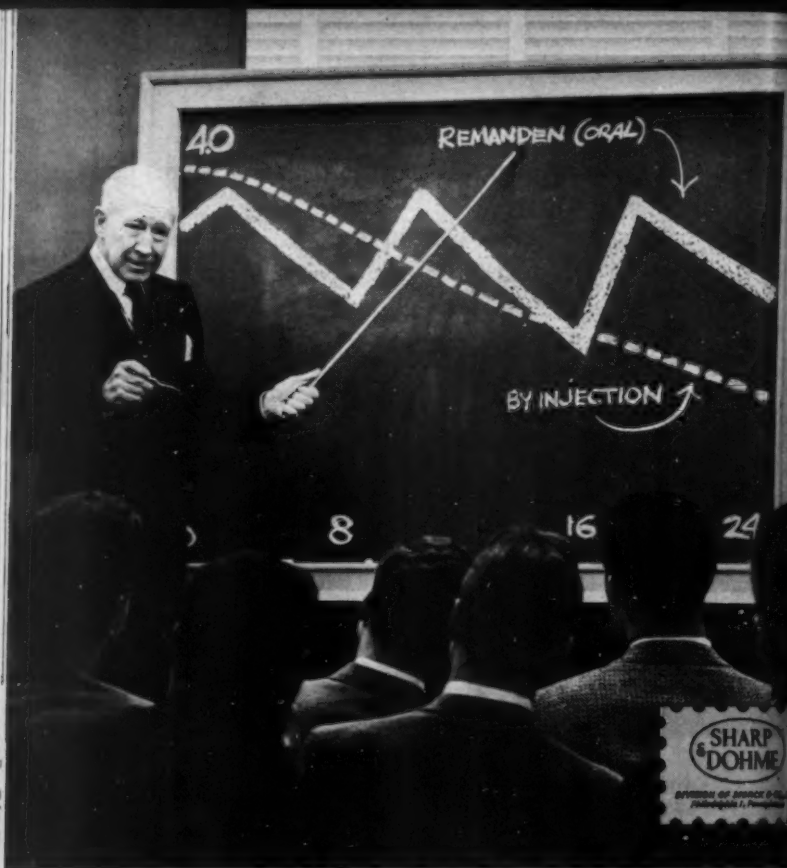
Nidar is of great value as a hypnotic. It provides rapid onset of sleep, while allowing the patient to awaken refreshed without hangover.

Dosage will depend on the occurrence of tension peaks during the day. On the average it will be one tablet in the morning, and one tablet in the afternoon. The suggested hypnotic dose is one or two tablets  $\frac{1}{2}$  hour before retiring.

**THE ARMOUR LABORATORIES**

A DIVISION OF ARMOUR AND COMPANY • CHICAGO 12, ILLINOIS





PHOTOGRAPH BY CHARLES

Note the sustained penicillin levels with oral

## REMANDEN®

PENICILLIN WITH PROBENECID

The probenecid in this oral tablet produces sustained plasma levels comparing favorably with those obtained by intramuscular injections of procaine penicillin.<sup>1</sup> Compared with other oral penicillin preparations, penicillin plasma levels are 2 to 10 times higher.

**Quick Information:** REMANDEN-100 and REMANDEN-250 supply 0.25 Gm. BENEMID® (probenecid) per tablet and 100,000 or 250,000 units of crystalline penicillin G. **Dosage:** Adults, 4 tablets REMANDEN-100 initially, then 2 every 6 to 8 hours. Children, usually 2 to 4 tablets daily.

**Reference:** 1. Antibiotics & Chemotherapy 2:555, 1952.

## AUTOMATIC TYPING

venient and economical to order by mail. The Mail Advertising Service Association, 18652 Fairfield Avenue, Detroit 21, Mich., will furnish the names and addresses of several shops near you.

### Other Processes

*Flat-bed* or "process" reproduction also resembles original typing—though less so than does automatic typing. It's an acceptable form of duplication because flat-bed letters are run off on a flat press from machine-set type like that used in a typewriter. But the process is comparatively new; so the shops in your area may not be offering it yet.

Those that do use it recommend it mainly for large runs because of the saving in unit cost. Whereas the first 100 letters cost about \$13.50, a full 1,000 of them would cost you only about \$25.

*Multigraphing* comes next in similarity to hand typing. The text is composed in actual typewriter type, and copies are run off on a miniature rotary press, the impression being struck through a ribbon. But this ribbon is impregnated with an ink that's slightly different from that used in a typewriter ribbon.

So, though fill-ins can be made to match the body of the multigraphed letter surprisingly well, they'll never be exactly the same.

Multigraphing is handy when you want to have a letter recognized as a form. Some collection letters might fall in this category: Your object is to remind the patient of his

NOW IN BOOK FORM!

## Letters to a Doctor's Secretary



In this new volume, MEDICAL ECONOMICS has assembled its complete, step-by-step course of instruction for the physician's aide. Sixteen chapters cover such topics as:

Handling patients	Case histories
Telephone technique	Bookkeeping
Medical terminology	Collections
Office routine	Medical ethics

Bound between handsome, black laminated covers, with the title stamped in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

Medical Economics, Inc. Rutherford, N.J.

Please send me "Letters to a Doctor's Secretary." I enclose \$2.

Name .....  
(please print)

Street .....

City ..... State .....

**Bentyl** *proves more  
effective than atropine  
in "Nervous*



FROM BETTMANN ARCHIVE

The Wm. S. Merrell Company . . . *Pioneer in Medicine*



## us Indigestion"

McHardy<sup>1</sup> reports that Bentyl is "superior to atropine" for relief of pain due to pylorospasm. He confirms the work of others that Bentyl is free from significant side effects which permits more general use in nervous indigestion.

When you prescribe Bentyl, you prescribe patient comfort. You will rarely hear patients complain about "belladonna backfire" or dry mouth and blurred vision. Use Bentyl for your next nervous indigestion patient. Relief of G.I. spasm is quick, complete and comfortable.

# Bentyl

*An exclusive development of  
Merrell Research*



*New technic of measuring human motility shows a decrease or complete suppression of intestinal pressure waves, depending on dosage of Bentyl.<sup>2</sup> Bentyl acts by blocking acetylcholine and directly affects the muscle fibers like papaverine.*

**COMPOSITION:** Each Bentyl Capsule or teaspoonful *Bentyl Syrup* contains 10 mg. Bentyl (dicyclomine) Hydrochloride.

*Also Bentyl (10 mg.) with Phenobarbital (15 mg.) Capsules and Syrup, and Bentyl Injection, 10 mg. per cc.*

**DOSAGE:** Prescribe Bentyl, 2 capsules or 2 teaspoonfuls *Bentyl Syrup* three times daily and at bedtime. Infants and Children,  $\frac{1}{2}$  to 1 teaspoonful *Syrup* 10 to 15 minutes before feeding. Three times daily.

1. McHardy and Browne: *Sou. M.J.* 45:1139, 1952.

2. Lorber and Shay: *Fed. Proc.* 12:90, 1953.

Complete Bentyl bibliography on request.

T.M. 'Bentyl'

for 125 Years

New York  
CINCINNATI  
St. Thomas, Ontario

**Merrell**  
SINCE 1828

# LOWEST IN NICOTINE BY FAR



## John Alden CIGARETTES

**Because The Natural  
Tobacco Leaf Itself  
Is Lowest In Nicotine**

Also available:

Low-Nicotine John Alden Cigars  
and  
Pipe  
Tobacco



SEND FOR YOUR FREE PROFESSIONAL SAMPLES

John Alden Tobacco Company  
22 W. 43 St., N.Y. 36, N.Y. Dept. E-6  
Please send me free samples of  
John Alden Cigarettes.

Name \_\_\_\_\_ M.D.

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

## AUTOMATIC TYPING

obligation. Yet you may not wish to indicate that you've singled him out as a special offender.

One hundred multigraphed copies of a 250-word letter would probably cost you around \$9; you'd have to pay only 75 cents or so for each additional 100.

## Cheaper Forms

*Mimeographing*, which uses a stencil that's cut on a typewriter, is best used only where appearance is unimportant. For instance, it's practical when reproducing scientific papers for release to newspapers or for form notices to insurance companies, committee members, or the like. It should seldom, if ever, be used in communicating with patients.

For the first 100 copies (250 words), the price is generally about \$3.50, including the cost of cutting the stencil; for the next 100, about 50 cents.

*Photo-offset* is often used to reproduce material that has already appeared in print, when the type is no longer standing. In such instances it's usually cheaper to duplicate by this method than to have the type reset.

One advantage of photo-offset is that line and halftone illustrations can be reproduced along with the text. The photo-offset process, as its name implies, is a combination of photography and offset printing. For 500 copies of a four-page article (MEDICAL ECONOMICS page size) the cost is about \$20.

END

# ANNOUNCING



## *Raytheon* **MICRONAIRE\*** **ELECTROSTATIC AIR CLEANER**

*NEW ELECTRONIC METHOD  
GIVES SYMPTOMATIC RELIEF  
FOR MOST HAY FEVER AND ASTHMA SUFFERERS*

Collects 99.2% of Airborne Extrinsic Inhalant Allergens

*Excellence*



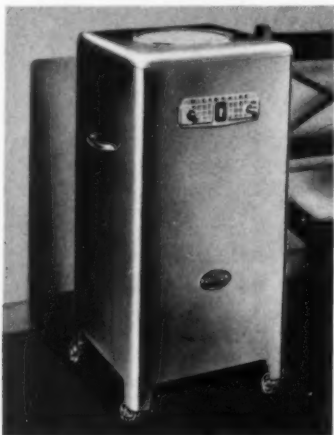
*in Electronics*

*details on next three pages*

Trademark

...good news for your allergy patients

## Raytheon MICRONAIRE



### WHAT THIS UNIT DOES

Cleans air 6 times an hour in an average-size room — distributes clean air without drafts. Electrically charged plates collect airborne particles — even smoke particles less than 1/250,000 of an inch in size.

FOR YOU AND YOUR PATIENTS—FREE HOME-OFFICE TRIAL

### Specifications

**Current** ... 110-120 volts AC, 60 cycle  
**Power** .... 40 watts  
**Switch** .... 3 positions—off, low (1200 rpm), high (1550 rpm)  
**Capacity** .. 200 cubic feet per min.  
**Dimensions** . 15" wide, 15" deep, 30" high  
**Weight** ... 65 pounds

### Electrostatic Air Cleaner

#### FOR THE FIRST TIME

An electrostatic air cleaner in a convenient, portable room unit which removes 99.2% of all airborne allergenic particles — right down to particles as fine as smoke.

You are invited to see and try this major new development in the treatment of allergies caused by airborne pollens and other impurities. We believe that when you have observed its beneficial effects you will wish to recommend it to your allergy patients with hay fever and asthmatic symptoms. It is a compact home air cleaner unit as efficient as those used in Raytheon commercial air cleaning installations at some of the country's leading plants, laboratories and auditoriums. Price: Approximately \$229.00†

**DOCTORS:** Send for free ALLERGY KIT containing information of special interest to you and your patients.

Raytheon Electrostatic Air Cleaner Equipment has been selected for large-scale commercial use by

Chas. Pfizer & Co., Inc.,  
E. R. Squibb & Sons,  
West Jersey Hospital,  
Eli Lilly Co., and many others

†F.O.B., Waltham, Mass. Price subject to change without notice.

# 99.2% EFFICIENT

- ✓ Relieves symptoms of hay fever and asthma
- ✓ Cleans room air 6 times every hour

## TESTED BY LEADING ALLERGISTS — READ WHAT THESE USERS SAY

"This is the first time I have been free from hay fever at this time of the year since I moved out here."—Mary A. Clayton, Salt Lake City, Utah.

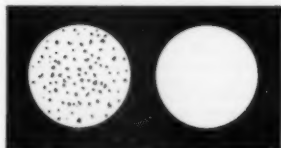
"My daughter has suffered with asthma since she was 18 months old, and we had to take her to the hospital 12 to 14 times a year. Now since we installed the (Raytheon Unit) we take her to the hospital only once or twice a year."—Mrs. Vera R. Smith, Bountiful, Utah.

"One of our children was bothered with asthma, aggravated by house dust. Now with the (Raytheon Unit) he is a great deal more comfortable."—Winnifred G. Sanger, Springfield, Mass.

"Now I sleep soundly every night."—Mary C. McMillan, Waltham, Mass.



**Comfortable, Restful Sleep**  
made possible by circulation of cleaned air. Safe, draft-free operation all night.



**Nat. Bureau of Standards**  
Discoloration Test Method proves Unit captures 95% of airborne, 99.2% of allergenic particles.

Made by the company that developed famous  
Raytheon Microtherm® Diathermy Unit

FOR NAME OF NEAREST DEALER—please see next page

### VISUAL PROOF

Smoke Test unit includes simple adaptation of electrostatic plates in Raytheon Micronaire. Transparent chimney shows how cigarette smoke is captured and held. Smoke-filled air pours in bottom, clean air out top.



**SEE MICRONAIRE AT THESE CONVENTIONS —**  
American College of Allergists, April 8-10, Booths 11-12, Roney Plaza Hotel, Miami, Fla.; American Medical Association, June 21-25, Civic Auditorium, San Francisco, Calif.; American Public Health Association, October 11-15, Buffalo, N. Y.

# These Micronaire Dealers are ready to serve your patients

**ALABAMA**—Birmingham: Durr Surgical Supply Mobile; Van Antwerp's Montgomery; Durr Surgical Supply **ARIZONA**—Phoenix: Southwestern Surgical Supply; Standard Surgical Supply Tucson; Standard Surgical Supply **ARKANSAS**—Little Rock: William T. Stover Co. **CALIFORNIA**—Los Angeles: A. M. Brooks Co. Oakland: Bischoff's Sacramento: Eugene Benjamin & Co. San Diego: Allied Professional Supply; Burlingame Surgical San Francisco: T. E. E. Heard Co.; Medico-Electronic Co.; San Francisco Surgical Supply San Jose: Bischoff's Surgical House **COLORADO**—Denver: Durbin Surgical Supply **CONNECTICUT**—Bridgeport: American Surgical Supply Hartford: D. G. Stoughton Co. New Haven: E. L. Washburn & Co. **DELAWARE**—Wilmington: John Merkel & Sons **FLORIDA**—Jacksonville: Anderson Surgical Supply; Medical Supply Co. Miami: Florida Physicians Supply; Medical Supply Co. Orlando: Medical Supply Co. St. Petersburg: Anderson Surgical Supply Tampa: Anderson Surgical Supply Co. **GEORGIA**—Atlanta: American Surgical Supply Co.; S. & H. X-Ray Co. Augusta: Marks Surgical Supplies, Inc. Savannah: Wachtel's Physician Supply **ILLINOIS**—Chicago: A. R. Nechin Co.; Chicago Medical Equipment Co.; Karel First Aid Supply Co.; Moss X-Ray Co. Moline: Larry Studer & Co. Peoria: Sutliff & Case Co. **INDIANA**—Fort Wayne: Brink and Wisman, Inc.; Wayne Pharmaceutical Supply Gary; Midwestern Hospital & Surgical Supply Hammond: Physicians Supply Co. Indianapolis: Curtis & French Co. South Bend: Wayne Pharmaceutical Supply **IOWA**—Burlington: Security Laboratories Des Moines: Standard Chemical Co. Sioux City: Gaynor-Bagstad Co.; Picker X-Ray Corp. of Iowa; Sioux City Surgical Co. **KANSAS**—Topeka: Goetze-Niemer Co. Wichita: Mid-Continent Medical Equip. **KENTUCKY**—Lexington: Kay Surgical, Inc. **LOUISIANA**—New Orleans: Louisiana X-Ray Sales Co. Shreveport: Peacock Surgical Supply **MAINE**—Portland: George C. Frye Co.; Maine Surgical Supply **MARYLAND**—Baltimore: A. J. Buck & Son Co. **MASSACHUSETTS**—Boston: C. H. Goldthwaite Co.; E. F. Mahady Co.; T. J. Noonan Co.; Thomas W. Reed Co.; Surgeons & Physicians Supply Fall River; Oak Grove Surgical Springfield; American Surgical Supply Co. **MICHIGAN**—Detroit: J. F. Harts Co.; G. A. Ingram Ferndale; J. F. Harts Co. **MINNESOTA**—St. Paul: Brown and Day, Inc. **MISSISSIPPI**—West Jackson: Kay Surgical, Inc. **MISSOURI**—Joplin: Goetze-Niemer Co. Kansas City: Goetze-Niemer Co.; United Medical Equipment Co. St. Joseph: Goetze-Niemer Co. St. Louis: Hamilton Schmidt Surgical Co.; Willow X-Ray Co. **MONTANA**—Billings: Northwest Surgical Supply **NEBRASKA**—Lincoln: Donley-Stahl Co., Ltd. Omaha: Crosby Surgical Supply; Seiler Surgical Supply **NEW JERSEY**—Hackensack: Cosmevo Surgical Supply Newark: Lisaco Medical Supply; Medical Service Co. Orange: Garrett Byrnes & Son Co. Passaic: Bellevue Surgical Supply; Cosmevo Surgical Supply **PETerson**: Cosmevo Surgical Supply **NEW YORK**—Albany: T. J. Noonan Co. Buffalo: Jeffrey Fell Co.

Jameica, L. I.: Long Island Surgical Supply Middletown: G. & D. Surgical Supply New York: J. Beeber Co. Syracuse: Kenneth A. Love Co. Troy: John B. Garrett White Plains: G. & D. Surgical Supply; Picker International Corp. **NORTH CAROLINA**—Asheville: Wachtel's Inc. Charlotte: Winchester Surgical Supply Greensboro: Winchester-Ritch Surgical Winston-Salem: Powers & Anderson, Inc.; X-Ray Service Inc. **OHIO**—Akron: Bowman Brothers Drug Co. Canton: Bowman Brothers Drug Co. Cincinnati: Campbell Associates; Max Woche & Son Co. Cleveland: Radebaugh-Fetzer Co.; Schumann-Jones Co. Columbus: Max Woche & Son Co. Dayton: Max Woche & Son Co. Lima: Bowman Brothers Drug Co. Mansfield: Caldwell and Bloor Co. Toledo: Rupp & Bowman Co. Youngstown: Lyons Physicians Supply **OKLAHOMA**—Oklahoma City: Melton Co., Inc.; Midwest Surgical Supply Co. Tulsa: Melton-Meyer, Inc.; Mid-Continent Surgical Co. **OREGON**—Portland: Corvex Medical Equip.; Shaw Surgical Co. **PENNSYLVANIA**—Allentown: Albert Surgical Supply Co.; Solmar Surgical Supply Erie: Heyl Physicians Supply Harrisburg: Capitol Surgical Supply; Harrisburg Surgical Co. Lancaster: Allied Surgical Supply Philadelphia: J. Beeber Co.; John W. Geary Co.; Charles Lents & Son Co. Pittsburgh: Feld Brothers Co.; Williams Medical Equip. Co. Reading: Bellevue Surgical Supply Scranton: Doctors Supply & Equip. Co. Williamsport: Hub Surgical Supply **RHODE ISLAND**—Providence: Claffin Co.; Eastern Scientific Co. **SOUTH CAROLINA**—Columbia: Powers & Anderson, Inc. Greenville: Roane-Barker, Inc. **SOUTH DAKOTA**—Sioux Falls: Kreiser's Inc. **TENNESSEE**—Chattanooga: Fillauer Surgical Supply Memphis: Delta Surgical Inc.; Kay Surgical, Inc. Nashville: Theo. Tafel Co. **TEXAS**—Amarillo: Melton-Clark, Inc. Austin: Wilson X-Ray & Surgical Co. Dallas: Texas Hospital & Surgical Supply; United Medical Equip. Co. El Paso: Southwestern Surgical Supply Fort Worth: West Texas Surgical Supply Houston: Cranford X-Ray Co.; Pendleton & Arto Co.; Texas Hospital & Surgical Supply; United Medical Equip. Co. San Antonio: Ballard Surgical Supply Co.; New Spears Co.; United Medical Equip. Co. **UTAH**—Salt Lake City: Physicians Supply Co.; Surgical Supply Center **VERMONT**—Burlington: New England Hospital Supply **VIRGINIA**—Norfolk: Powers & Anderson, Inc. Richmond: Powers & Anderson, Inc.; Southern Medical Supply Co. **WEST VIRGINIA**—Charleston: Klean Instrument Co. Huntington: Medical Art Supply Co. Wheeling: McLain Surgical Supply **WASHINGTON**—Seattle: Biddle & Crowther Co.; Western X-Ray Co. Spokane: X-Ray Equip. Co. Tacoma: Molta, Inc. D. C. —Washington: Klean Instrument Co.; Service X-Ray Co. **WISCONSIN**—Milwaukee: Medicomart Co.; H. E. Pengelly X-Ray Co. **CANADA**—Amherst: Ferranti Electric Ltd. Edmonton: Ferranti Electric Ltd. London: Ferranti Electric Ltd. Montreal: Universal X-Ray Ottawa: Ferranti Electric Ltd. Toronto: Ferranti Electric Ltd. Vancouver: Ferranti Electric Ltd. Winnipeg: Ferranti Electric Ltd.

## This Group Made Good!

[CONTINUED FROM 102]

they moved into the new building was as follows:

Capital stock (1,000 shares @ \$100 par value)	
Dr. Jones . . . . . 200 shares	\$20,000
Dr. Simms . . . . . 200 shares	20,000
Dr. Jennings . . . 300 shares	30,000
Dr. Broder . . . . . 75 shares	7,500
Mr. Wetherby . . . 100 shares	10,000
Total paid-in stock . . . . .	\$87,500
Treasury stock . . . . .	12,500
	<hr/> \$100,000

### ASSETS

Real estate (clinic building and land) . . . . .	\$87,500
Furniture, fixtures, equipment, etc. . . . .	16,000
	<hr/> \$103,500

### LIABILITIES

Paid-in stock . . . . .	\$87,500
Bank loan (mortgage) . . .	16,000
	<hr/> \$103,500

## What's a Fair Rent?

Next came the problem of how much rent to charge the partnership. Mr. Wetherby put it this way: "To start out, I think we should break rent down three ways: for the building, for the land, and for the furniture, fixtures, and equipment.

"I don't believe 15 per cent rental on the building is too much. As pioneers, you are taking a greater risk than the doctors who may come in later; and this is one way you can compensate for that risk. If the hold-

## Summertime..

Time to agree that HI-PRO is strikingly effective in the treatment of infant Diarrhea

HI-PRO with its high protein, low fat and moderate carbohydrate content is ideal in providing quick relief and nutritional support with simple treatment.

### High in Protein

"The digestion of protein is little affected. The child with diarrhea continues to absorb and retain nitrogen and may even do so when moribund."<sup>2</sup>

### Low in Fat

"In the presence of diarrhea, fats are most likely to escape absorption, as much as 25% or 50% being lost by way of the bowel!"<sup>1</sup>

<sup>1</sup>Jeans, P. C. & Marriott W. McK.

Infant Nutrition; 4th ed.

<sup>2</sup>Holt, E. M. Diseases of Infancy; 11. 223.



### HI-PRO

### Analysis—Dry

Protein . . . . .	41%
Fat . . . . .	14%
Carbohydrate . . .	35%
Calcium . . . . .	1.15%
Calories per oz.	121

WRITE FOR COMPLETE LITERATURE & SAMPLES



**Jackson-Mitchell**  
PHARMACEUTICALS, INC.

CULVER CITY, CALIF. • SINCE 1934

# Are you deeply concerned about the effects of smoking on your patients?

RESEARCH has recently linked lung cancer with cigarettes.

But this research does not necessarily deny the heavy smoker a source of pleasure which might be extremely difficult for him to give up.

Have you considered that the heavy smoker could avoid the lung cancer attributed to cigarettes—if he switched to a pipe?

Recently, laboratory investigations showed that the smoke from Kaywoodie pipes (the world's leading brand):

1. Contained 3 to 4 times less nicotine than cigarettes or cigars;
2. Contained 3 to 4 times less tar and resins than cigarettes or cigars;
3. Tested substantially cooler than cigarettes or cigars.

So if your patient must cut down, a Kaywoodie pipe seems to be an excellent way to do so, while giving him the indulgence he feels he needs.

**THE KAYWOODIE COMPANY**  
West New York, New Jersey

**BRITISH MEDICAL JOURNAL Dec. 13, 1952**

"It would appear that pipe-smoking is less closely associated with the development of lung carcinoma than cigarette-smoking."



**N. Y. TIMES, Dec. 9, 1953**

...ner added that cigarettes were the cause, not pipes or cigars, because cigarette smoke usually is inhaled, while pipe or cigar smoke is not.

**TIME MAGAZINE, Nov. 30, 1953**

¶ Why indict cigarette smoking, and acquit the smoking of pipes and cigars? Because the cancer-causing factor apparently must be retained deep in the lungs, a condition usually found in cigarette smokers, who inhale deeply, not in pipe and cigar smokers, who seldom inhale.

**NEW YORK POST, Dec. 9, 1953**

"The speakers said pipes and cigars did not cause lung cancer for they were not inhaled."

**READER'S DIGEST, Dec. 1953**

On the other hand, pipe smoking, because it is not conducive to inhaling, is preferable to other forms of smoking for the average man, if — and this is important — he smokes only half the bowlful

**N. Y. WORLD-TELEGRAM & SUN Jan. 7, 1954**

Another project concluded that lung cancers occur approximately 65 percent more frequently in males who have smoked cigarets for 25 years or more than among males who smoked cigars or pipes for the same period. The data of the same researchers also showed that pipe and cigar smokers have no higher incidence rate of lung cancers than non-smokers.

## armatinic *activated*

comprehensive antianemia therapy

## armatinic *activated*

a fresh response,  
vigorous improvement

## armatinic *activated*

Vitamin B<sub>12</sub> plus essential  
hematopoietic activators

Each Armatinic Activated capsulette  
contains:

Ferrous Sulfate Exsiccated.....	200 mg.
Vitamin B <sub>12</sub> .....	10 mcg.
Folic Acid.....	1 mg.
Vitamin C.....	50 mg.
Liver Fraction 2, N.F. with Duodenum (containing Intrinsic Factor).....	250 mg.
Bottles of 100 and 1000.	

Also available: Armatinic Liquid



THE ARMOUR LABORATORIES

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## THIS GROUP MADE GOOD!

ing company pays for taxes, assessments, depreciation, upkeep, and repairs, a 15 per cent rental seems very fair. And 6 per cent on the land should be about right."

As for the furniture, fixtures, and equipment, he pointed out that the corporation had borrowed money at 5 per cent to pay for it. "So we should charge the partnership 6 per cent plus depreciation," he said.

Thus, in line with Wetherby's recommendations, the monthly rent was set as follows:

Building rent .....	\$906.25	
Land rent .....	75.00	
Total monthly rent (building and land) .....		\$981.25
Interest at 6 per cent on investment in furniture, fixtures, and equipment ..		
Monthly depreciation (approximate) .....	80.00	
	133.33	
Total monthly rent (furniture and equipment) .....		213.33
		\$1,194.58

## No Trouble at First

On April 1, 1947, the Middletown Clinic opened its doors. In addition to the four M.D.s, its staff included a secretary-receptionist, a bookkeeper-cashier, three nurses, a laboratory technician, and a janitor.

Things went well from the start. Patients they hadn't seen for years turned up for treatment. Everyone was busy. When the first month's figures were in, they found that, even with the increased overhead, each of them had netted more than he had in his last month of individual practice.

Practice was so good, in fact, that they soon decided—at one of their

## THIS GROUP MADE GOOD!

Wednesday business meetings—to limit vacations that year to only two weeks. Dr. Simms fought the idea; Mrs. Simms, he said, had her heart set on a long motor trip. Now, for the first time, “group good” conflicted with “individual liberty.” But, fortunately, Mrs. Simms swallowed her resentment—and group good won.

### New Problems Arise

By November, though, the novelty of group practice had worn off, and the different personalities had begun to irritate each other. One trouble, for example, was week-end coverage. Dr. Broder, as the surgeon, was on call every week-end, while the other three took turns. Naturally, he resented being tied down so much. One of the attractions of clinic practice had been the promise of more free time; but he wasn't getting it.

The other men—especially Dr. Jones—countered with the old argument, “Who makes the house calls in the middle of the night?” This quarrel was carried on from one meeting to the next.

Then, one Wednesday in January, the doctors examined the figures for their first nine months as a group. With the exception of July and August, every month showed an increase over the prior month, not only in business on the books but in net income, too. The biggest rise had come in December, in spite of the growing friction.

They had invited Wetherby to

## FOOD-PROOF

your  
fat  
patients



# Obocell®

DOUBLES THE POWER TO RESIST FOOD

Each Obocell tablet contains:

d-Amphetamine Phosphate (dibasic) . . . 5 mg.  
Nicel\* . . . . . 150 mg.

\*Irwin-Neisler's Brand of High Viscosity  
Methylcellulose.

Bottles of 100, 500 and 1000.

**IRWIN, NEISLER & CO.**  
DECATUR, ILLINOIS

## THIS GROUP MADE GOOD!

this meeting; and as he expressed his pleasure at the news, Dr. Broder suddenly exploded. "Money isn't everything," he said, bitterly. This remark released a flood of pent-up peeves. All the physicians began to talk at once.

"Wait a minute!" Wetherby exclaimed. "What's been going on here? I thought you doctors were partners!"

When he had listened to each of them in turn, he said: "Trouble is, it seems to me, you've been working too hard and in close quarters. What you probably need is an exhaust valve—someone to blow off to. Your solution, gentlemen, is to do what I suggested at the very beginning: Get yourselves a business manager."

But how, they asked, could the group afford the type of manager it obviously needed?

Wetherby's answer: "If your monthly net earnings continue at their present level, the Clinic will have earned in its first year over \$12,000 more than your *total* earnings during your last year as individual practitioners. If you pay a business manager an annual salary of, say, \$8,000, you'll still be ahead. And I'll bet that a good man can save you that much in collections alone."

By the end of the meeting they were converted. They worked up a list of qualifications; and Wetherby promised to try to find the right man for them.

A couple of months later, on his

A NEW EXPERIENCE IN

*Appetite Suppression*

# Rauwidrine™

A COMBINATION OF RAUWILOID 1 mg. AND AMPHETAMINE  
SULPHATE 5 mg. IN ONE SLOW-DISSOLVING TABLET

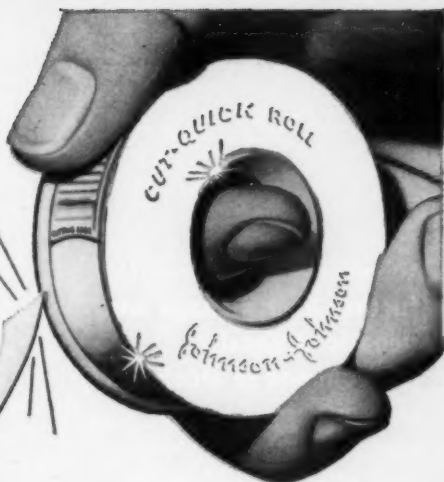
The combined central effects of Rauwiloid and amphetamine produce a sense of well-being and satisfaction, together with effective appetite suppression, and largely free from the cardiac pounding, insomnia, jitteriness, so often engendered by amphetamine alone.

**Riker**

LABORATORIES, INC. • 4440 Beverly Blvd. • Los Angeles 46, Calif.

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# New!



## Red Cross Adhesive Tape

in the new Cut-Quick Roll...

It's the profession's finest  
adhesive tape in the most  
convenient package known.  
Pull out tape, close safety  
cutter and cut.

So handy for your bag.

*Johnson & Johnson*

No connection whatever with American National Red Cross

**to reverse and prevent  
further liver damage and  
hepatic cirrhosis  
(so common in alcoholism)**

METHISCHOL increases phospholipid turnover, reducing fatty deposits and fibrosis, stimulating regeneration of new liver cells.

**as a protective aid against  
atherosclerosis and  
coronary impairment**

METHISCHOL helps reduce elevated cholesterol levels and helps lower chylomicron-lipomicron ratios towards normal.

Methischol is given with a high protein, moderate carbohydrate, low fat diet; supplementary vitamin B complex, psychiatric aid, etc.



for samples and  
detailed literature write

**u. s. vitamin corporation**

Arlington-Funk Laboratories, division of  
250 East 43rd Street, New York 17, N.Y.

This original complete lipotropic  
formula should be an integral  
part of therapy in

**alcoholism**

**methischol**

**methionine • vitamin B<sub>12</sub>  
choline • inositol • liver**

**capsules**

bottles of 100, 250,  
500 and 1000.



**syrup**

bottles of 16 ounces  
and 1 gallon.



**enteric  
coated tablets**

bottles of 100 and 500.



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#### INTERVAL TREATMENT OF MIGRAINE SUMMARY OF RESULTS WITH BELLERGA

AUTHOR	CASES TREATED	IMPROVED PERCENT
HILSINGER, R. LARYNGOSCOPE 51:296, 1951.	25	20
WITTICH, F. ANN. ALLERGY 12:620, 1952.	35	32
VON WITZLEBEN, H. J. MISSOURI M.A. 43:486, 1952.	28	24
DANKOFF, H. AND ROUSMAN, B. CLIN. MED. 60:284, 1953.	26	24

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## THIS GROUP MADE GOOD!

recommendation, the Middletown Clinic hired Bob Cram as its business manager. Cram agreed to start at an annual salary of \$7,000; and the doctors guaranteed to increase his salary after a year if satisfied that his efforts had paid off. He began work on April 1, 1948—the group's first birthday.

### Asks Leave to Travel

At their first business meeting after he was hired, Cram explained how he wanted to handle the job. "No one can work for four bosses," he began. "If I tried to satisfy all of you I'd be licked before I started. But I *know* I can work satisfactorily for the Middletown Clinic.

"In order to get started right, I suggest we get our relationship straight now. You've hired me to run your business for you. As your business manager, I'm responsible to you *collectively*, not individually. So I hope you'll give me your directions chiefly at meetings like this one—and *only* in the name of the group."

He also asked permission to take a three-week trip through the Middle West, in order to study the workings of as many successful groups as possible. "They've all made mistakes in their day," he said. "I believe it'll help us to know what they were, and how they were corrected."

The trip was authorized, though Dr. Jones doubted its value. He felt that Cram was starting out too aggressively and that, besides, such a trip would cost money. But rather

than make an issue of it then, the physician raised no sustained objection.

In twenty days, Cram visited seven clinics. He talked with their business managers and their doctors. And he brought back a lot of ideas that could be adapted to the needs of the Middletown group.

At the first meeting after his return, he gave a full report on his findings. He said that, in general, he now felt that the worst thing that could happen to a group was to grow too fast and too big. He had visited one organization with a staff of twenty-six doctors; and, he said, the mechanics of handling the consequent numbers of patients made for a cold and mechanized atmosphere.

"And that's not all," he said. "Judging by the groups I visited, it also appears, surprisingly enough, that the dollars-and-cents efficiency of group practice reaches its maximum at about fifteen doctors. When there are more than fifteen, the average net per doctor tends to decline. So—even though this may seem premature—I think we should decide right now that the number of physicians in the Middletown Clinic will not exceed fifteen."

### A Retirement Plan

Cram's studies ultimately bore fruit in a dozen ways. Even Dr. Jones had to agree that the money for the trip had been well spent. Take the matter of a retirement program, for instance: [MORE→

## THIS GROUP MADE GOOD!

Ever since they'd organized, the partners had been searching for a workable formula. They had set up the group as a "perpetual partnership," with all its assets remaining with the surviving partners in case of the death or retirement of any of them. But they knew that something should be done to offset any equity the deceased or retiring partner might have in the accounts receivable (the only actual asset of the partnership). But, so far, they'd been unable to find an answer.

Of course, they had looked into endowment insurance in its various forms. But they had rejected such coverage, mainly because the premiums would come out of current earnings and would be taxable.

Now Bob Cram recommended a plan that had been adopted by a couple of the clinics he had visited; and the doctors found it very much to their liking. It's a combination sick-benefit, retirement, and death-payment program that works like this:

### Length of Service

If a deceased partner has been in active service with the clinic for a period of not more than six years, his estate is paid a monthly income of one-half the percentage of net income the partner would normally have drawn had he lived. This income continues for as long as two months for every completed year of service. For example, if a partner

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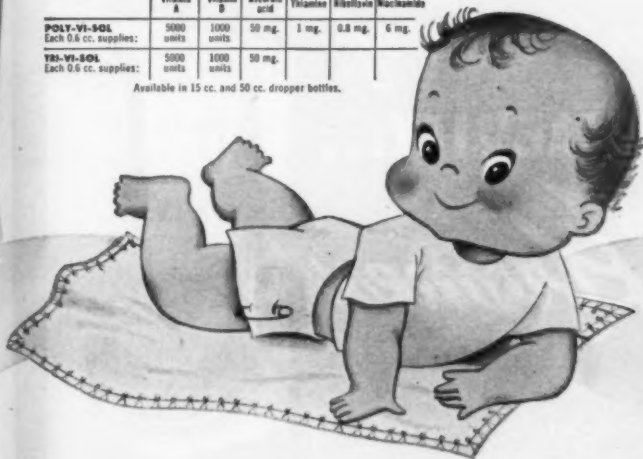
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## THIS GROUP MADE GOOD!

dies after completing five years of active service, his estate is paid half his share of net earnings for a period of ten months.

The scale is graduated upward as length of service increases. Between six and ten years of service, an extra month is added for every year above six; and above ten years of service, still another month is added. But in no case can the income continue beyond forty-eight months.

A partner may retire after the age of 50 and get these benefits. (He must retire at 65, incidentally.)

In case of sickness, each partner is allowed one month's sick leave with complete participation in group earnings. Thereafter, the ailing physician may, if he wishes, draw

against his death benefit, according to the schedule previously outlined, during the time of illness. But the death benefits are correspondingly lessened, of course, by any amounts drawn during sickness or retirement.

The plan makes no provision for the intangible factor of goodwill. The Middletown doctors believe that the reputation of their clinic far transcends the reputation of any individual on its staff.

### Who Earned What

On the second anniversary of the group, the doctors called a special meeting to review the all-important question of percentage distribution of net profits. Mr. Wetherby was invited to attend. [MORE→

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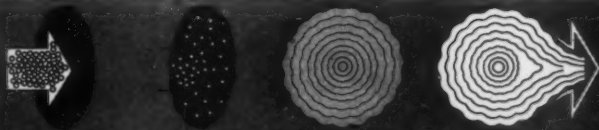
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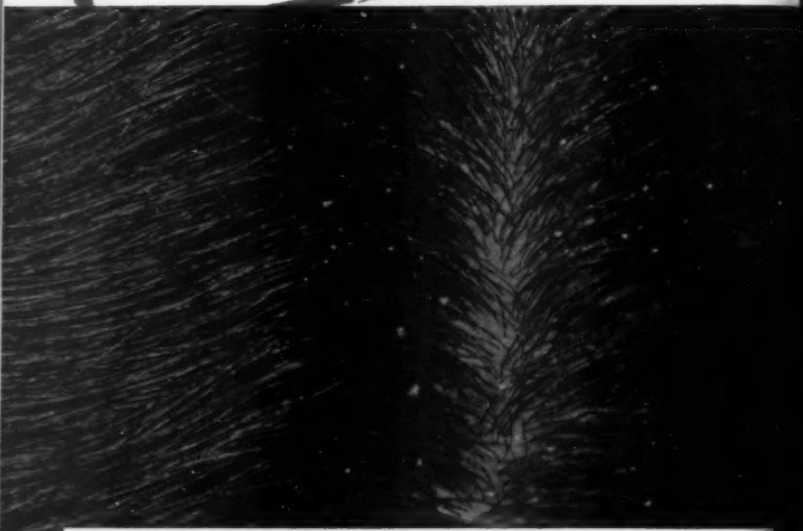
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1. Stepyan, A. H. (1952) Arch. Dermat. & Syph., 65:228, February.

2. Slinger, W. N. and Hubbard, D. M. (1951) *ibid.*, 64:41, July.

3. Sauer, G. C. (1952) J. Missouri, M. A., 49:911, November.



**AFTER TREATMENT**—patient applied SELSUN twice a week for first two weeks, once a week for the next two weeks. Then followed a lapse in treatment. Note that scalp is still scale-free two weeks after last treatment.

## THIS GROUP MADE GOOD!

Cram presented the following figures: In dollars put on the books, Dr. Jones' practice had increased 62 per cent over that of the last year he'd been on his own; Dr. Jennings (the pediatrician) was next with a 40 per cent increase; Dr. Simms (the internist) was third with 32 per cent; and Dr. Broder was last with a poor 8 per cent rise.

Dr. Jones spoke first. "Why should the G.P. be carrying most of the load?" he grumbled. "If I keep on this way, I'll be dead before I'm 50."

"Well, look at it from my point of view," said the surgeon. "As soon as I joined the group, most outside doctors stopped sending me referrals. And don't forget that I supervise the X-ray department and read most of

the films. Shouldn't I be credited for that?"

The ensuing argument went on for a long time—until, at last, Mr. Wetherby held up his hand. "Look," he said, "I don't blame Dr. Jones for wanting more money than the rest. If I were he, I'd have kicked a long time before this." He turned to the G.P. and asked: "Fred, how much of your practice is obstetrics?"

### Obstetrics Problem

Dr. Jones didn't know. But Bob Cram thumbed through his records and set the figure of 32 per cent.

"Well, that's probably the trouble," said Wetherby. "There isn't a top-flight obstetrician in Middletown; and because of Dr. Jones' rep-

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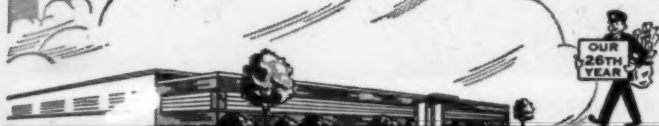
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utation, he's been getting too much of such work. Why don't you add a good obstetrician to the group? He'd probably attract work on his own—and soon be earning more than you'd have to pay him."

### Equal Shares Again

Somehow, this suggestion cleared the air. Dr. Jones himself pointed out that it would be unfair to penalize Dr. Broder for his comparatively low production, since a falling off in outside referrals had been inevitable. And Broder said, with a smile: "I suppose these *isn't* any good reason for crediting me with the X-ray business, any more than for crediting Simms with supervising the lab. I guess we'd better keep

those departments out of the picture, or we'll really get in a jam."

Mr. Wetherby nodded. "My advice," he said, "is that you continue to distribute profits on the share-and-share-alike basis. It's almost impossible to evaluate human values correctly—especially when it comes to the factors that go into making a good doctor. It would take a Solomon to work out a complex income arrangement fair to all. Please don't try it unless you absolutely *have* to."

Once again, Wetherby had saved the day. If they'd get an obstetrician, said Jones, he'd gladly agree to continue with the equal distribution basis. Jennings and Simms were pleased; and Broder felt greatly encouraged. [MORE→]

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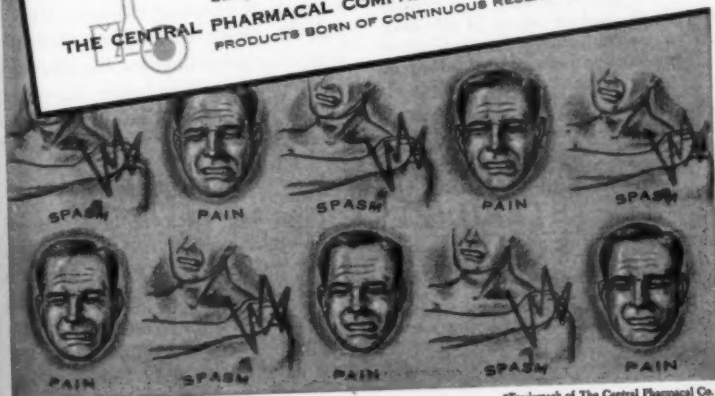
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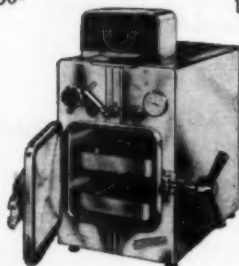


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### THIS GROUP MADE GOOD!

In the summer of 1949, the group hired Dr. King, who had taught obstetrics at the state university. He was to be paid \$750 a month for the first year, at the end of which time he would be considered for partnership. His recommendations were excellent; and the partners thought themselves lucky to get a man with such training.

### King a Failure

But King simply didn't work out. Many of the cases Jones turned over to him bounced right back. The trouble was that the obstetrician insisted on using university hospital methods in private practice; and they weren't appropriate.

What's more, he seemed unwilling to cooperate with the other men in the group. And he had an unrealistic—and very much bloated—idea of what constituted a fair obstetrical fee.

After he had been with the group for three months, the doctors called a special meeting. They explained to Dr. King that all of them respected his ability, but that they felt he could use it to better advantage elsewhere. Thus, he became the Middletown Clinic's first "alumnus."

### The Clinic Grows

Not long afterward, they found the right man in a young Chicago obstetrician named Chase who was eager to leave the big city for a less impersonal spot. Even Dr. Jones was satisfied with Dr. Chase; and patients transferred to the new man

## THIS GROUP MADE GOOD!

willingly. After one year, Chase was made a junior partner at a percentage of one-half that of the senior partners.

Six months after Chase was hired, the partners heard about an internist who was interested in taking up group practice. It was clear by then that the internal medicine department could support another man; so they hired him.

Gradually, with the broadening of the Clinic's medical and obstetrical services, Dr. Broder's surgical work started to climb. By the April, 1952, annual meeting, when the doctors' individual production was analyzed, Broder's figures were well above the average. Dr. Jones' were still the highest; but he felt much less imposed upon than he had.

Today, the Middletown Clinic consists of nine doctors—the four seniors, Dr. Chase, the second internist, and three other doctors (a pediatrician, another obstetrician, and a G.P., all taken on since 1952). Their combined practice is so good that they're now making plans for an addition to the building.

## Wetherby Bows Out

Bob Cram is still business manager. And his annual salary has risen to over \$10,000.

Mr. Wetherby no longer holds stock in the company. He thought it best to permit the ownership to become entirely professional. So he sold his shares to Dr. Chase.

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Watts, M. S., M., and Wilbur, D. L.: J.A.M.A. 152:1192 (July 25) 1953.

*Samples and literature upon request.*



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## THIS GROUP MADE GOOD!

monious. The earnings of the doctors are thoroughly satisfactory.

And—oh, yes—they're still on the share-and-share basis for senior partners. The younger doctors will be admitted to the same privilege after seven years of junior partnership.

### Rx for Success

In a recent visit to the Middletown Clinic, I asked Bob Cram what he considered the key to the group's unusual success. His answer: "I can sum it up in one word: confidence. The doctors have confidence in one another—and in their business manager. I don't try to take care of the sick; and they leave me alone to run my part of the job."

When I asked the same question of the doctors, almost all of them replied, "Bob Cram." But both Simms and Jennings had a different answer. "We planned for success," they said. "We left as little as possible to chance."

As I see it, there is no secret to the Clinic's rosy good health. Its founders have merely used common sense. They organized their partnership on sound business principles; they hired a good man as their business manager; and they've allowed him to manage the business without interference. Most important of all, though, they've learned to submerge individual differences and rivalries, for the good of the group as a whole.

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## Crime Doctor

[CONTINUED FROM 108]

Hammelsberg's trembling mayor happily surrendered the town to the leader of the party: a husky, boyish, six-foot lieutenant colonel named Charlie Larson.

### Offered a Bribe

Once out of uniform, Dr. Larson began to rebuild his private practice. Working strictly on a fee-for-service basis, he and three younger partners gradually took over all the pathological studies for Tacoma General Hospital (where Larson runs the laboratory) and for eight other hospitals, too. But it was slow going;

and in the early post-war days he was frankly strapped for cash.

Then, one day, the biggest wad of money he'd ever seen was pushed into his hands.

A young woman had died in Olympia, and the police, suspecting an abortion, called in Charlie Larson. No sooner had he checked into an Olympia hotel than he got a phone message from a doctor (we'll call him Williams) who was suspected of being an abortionist. Williams asked the pathologist to meet him in the rear of the hotel lobby. "And please be alone," he added.

Downstairs, amid the potted palms, Williams confessed to Larson that he *had* performed an abortion on the woman. "And I'm afraid I

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## CRIME DOCTOR

accidentally perforated her uterus," he said.

There was an awkward silence. Then Williams put his hand into his breast pocket and took out a fat envelope. It was crammed with bills. With a murmured "Here's \$10,000," he placed the envelope in the pathologist's hand.

### No Deals

Recalling the incident, Larson says he took a hard look at the envelope. "I could have used some money at that time," he says, grinning. When he shook his head and refused the bribe, Williams simply shrugged and turned on his heel.

Later, at the morgue, Dr. Larson found that the girl's uterus had, in-

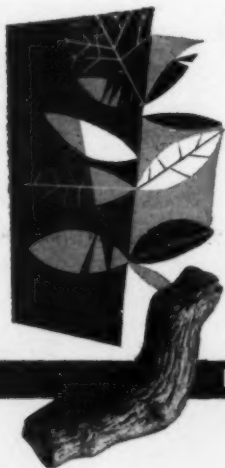
deed, been badly perforated and that she'd died of general peritonitis. Acting on that evidence, the police got out a warrant for Williams' arrest. They were too late. He had vanished.

"I suspect," Larson says, "that he was already packed when he met me at the hotel. When I gave him back his envelope, he got out of town."

### Defense Doctor

Don't get the idea that Larson always works for the prosecution. He has been known to pull a rabbit out of a hat for the defense, too. Take an incident that happened at Puyallup, Wash.:

It looked as if the authorities had



### all the alkaloids

Whole-root Raudixin contains *ALL* the alkaloids of *Rauwolfia serpentina*. As it lowers blood pressure safely, gradually, Raudixin causes gentle sedation and usually improves sleep. Prescribe it in almost every type of hypertension, adding Vergitryl (veratrum) or other more potent agents if needed. Raudixin tends to augment and stabilize the effect of the stronger agents—makes smaller dosage possible. 50 mg. and 100 mg. coated tablets. Bottles of 100 and 1000.

**Raudixin** Squibb *rauwolfia*

**base-line therapy**

in hypertension

\*RAUDIXIN® AND VERGITRYL® ARE SQUIBB TRADEMARKS

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*Heptuna<sup>®</sup>*  
*Plus*

a vitamin-mineral  
formulation  
rich in iron,  
vitamin B<sub>12</sub>  
and folic acid

each capsule of

*Heptuna Plus*

contains:

Ferrous Sulfate U.S.P. ....	4.5 gr.
Vitamin B <sub>12</sub> .....	5 mcg.
Folic Acid .....	0.33 mg.
Ascorbic Acid .....	50 mg.
Vitamin A .....	5,000 U.S.P. Units
Vitamin D .....	500 U.S.P. Units
Thiamine Hydrochloride .....	2 mg.
Riboflavin .....	2 mg.
Pyridoxine Hydrochloride .....	0.1 mg.
Niacinamide .....	10 mg.
Calcium Pantothenate .....	0.33 mg.
Cobalt .....	0.1 mg.
Copper .....	1 mg.
Molybdenum .....	0.2 mg.
Calcium .....	37.4 mg.
Iodine .....	0.05 mg.
Manganese .....	0.033 mg.
Magnesium .....	2 mg.
Phosphorus .....	29 mg.
Potassium .....	1.7 mg.
Zinc .....	0.4 mg.

With other B-Complex Factors from Liver.



536 Lake Shore Drive, Chicago 11, Illinois

In the six months since ACHROMYCIN was first announced\*\* at the Antibiotics Symposium of the Food & Drug Administration, this new broad-spectrum antibiotic has become a major weapon in modern medicine.

**ACHROMYCIN** has demonstrated notable effectiveness in a wide variety of clinical applications and the following characteristics are outstanding:

**ACHROMYCIN** is effective against pneumococci, staphylococci, beta hemolytic streptococci, gonococci, meningococci, *E. coli* infections, acute bronchitis and bronchiolitis, pertussis and the atypical pneumonias, as well as virus-like and mixed organisms.

**ACHROMYCIN** has definitely fewer side-reactions.

**ACHROMYCIN** provides more rapid diffusion in body tissues and fluids.

In solution, **ACHROMYCIN** maintains effective potency for a full 24-hours.

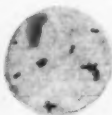
# ACHROMYCIN

TETRACYCLINE HCl **LEDERLE**

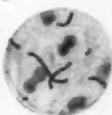
proved effective against



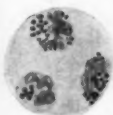
Pneumococci



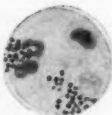
Staphylococci



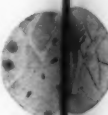
Beta Hemolytic  
Streptococci



Gonococci



Meningococci



*E. coli*  
(Shigella)

**NOW AVAILABLE:**

CAPSULES: 50, 100, 250 mg. • PEDIATRIC DROPS: Cherry Flavored, 10 cc. vials, 100 mg. per cc. Approximately 25 mg. per 5 drops. • ORAL SUSPENSION: Cherry Flavored, 1 oz. vials, 250 mg. per teaspoonful (5 cc.) • TABLETS: 50, 100, 250 mg. • SPERSOIDS\*: Dispersible Powder, Chocolate Flavored, 12 and 25 dose bottles, 50 mg. per rounded teaspoonful (3 Gm.) • INTRAVENOUS: 100, 250, 500 mg. • Other dosage forms are being developed as rapidly as research permits.

LEDERLE LABORATORIES DIVISION **AMERICAN Cyanamid COMPANY** Pearl River, N. Y.

\*\*DUNNINGHAM, R.; HINES, J.; LEADER LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY



Anti-  
broad-  
medicine.

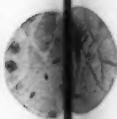
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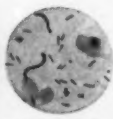
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4-hours.

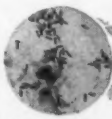
# MYCIN



*E. coli*  
(*Escherichia coli*)



Mixed Infections  
(Staphylococci,  
H. Streptococci,  
Proteus Vulgaris)



Acute Bronchitis  
(Pfeiffer's  
Bacillus)

mg. per c.  
250 mg. per  
er, Chocolate  
VENOUS: 100

Leder  
PROD. U.S.A.

*Attention Doctors!*

**RECORD YOUR FINDINGS  
WHILE THE FACTS ARE  
FRESH IN YOUR MIND ...  
FOR ON THE SPOT RE-  
PORTING AFTER PATIENT  
VISITS ...**

**IN YOUR OWN CAR!!**

**DICTATE REPORTS  
ACCURATELY-PROMPTLY!**

*make your car, boat or plane  
a "rolling office"*

WITH

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**INVERTERS**



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for changing your  
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**ATR INVERTERS . . .**

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**AMERICAN TELEVISION & RADIO CO.**  
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SAINT PAUL 1, MINNESOTA—U. S. A.

## CRIME DOCTOR

their man trapped: His wife had gone away for a several weeks' visit with relatives, and he'd had a week-long orgy with a woman he'd picked up in a bar. But their fun had come to a sobering end with her death—apparently of a severe beating. So badly had she been beaten, said the coroner who did the autopsy, that her brain had been severed from her spinal column.

None the less, the man maintained his innocence. He said he'd awakened one morning to find her dead in bed. How could he account for the bruises? Several times during the week, he said, she'd fallen down stairs in a drunken stupor.

When the defense retained Dr. Larson, he immediately rejected the prosecution's first contention: that a beating had disconnected the woman's brain and spine. He suggested—correctly—that the doctor who performed the autopsy had himself severed them.

## A Different Story

He noticed, too, that the bruises were of different colors, indicating that they'd been inflicted at different times. This jibed with the man's claim that the woman had suffered several falls. Finally, Dr. Larson saw something that had been missed completely in the original autopsy.

Some bits of meat were lodged in the woman's windpipe. In her drunken state, she had apparently vomited and choked to death on the few scraps of food.

The police set the man free. And

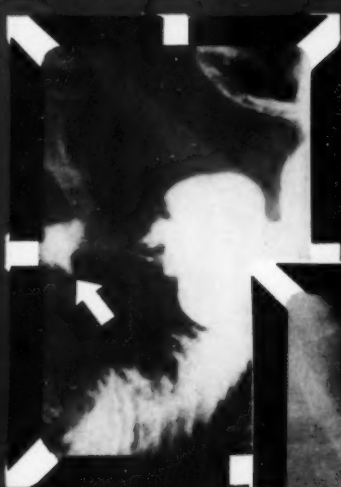
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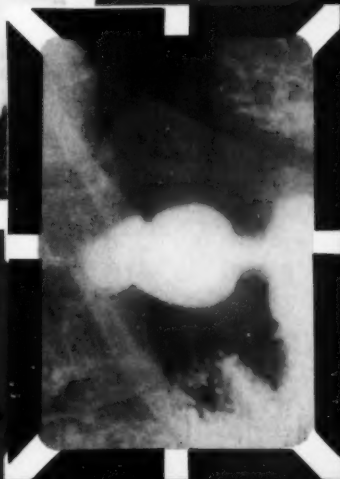
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four flexible dosage forms, including

REPETABS



the tablet-within-a-tablet

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PRANTAL® Methylbistate, brand of diphenmethanol methylbistate  
REPETABS®, Repeat Action Tablets

DORMISON


"...because  
of  
its absence  
of  
aftereffects."

J. Pediat.<sup>2</sup>

 250 mg.  
for sedation

"...may be  
regarded  
as probably  
the hypnotic  
of choice."

J.A.M.A.<sup>1</sup>

 500 mg.  
for sleep

*mild, non-barbiturate*

## DORMISON

1. May, P. R. A., and Ebaugh, E. G.: J.A.M.A. 152:891, 1952.
2. Malone, H. J.; Klimkiewicz, G. R., and Gribetz, H. J.: J. Pediat. 41:153, 1952.

DORMISON,<sup>®</sup> brand of methylparalynol, is available only on prescription. It should not be confused with any product advertised to the laity.



*Schering*



## CRIME DOCTOR

they promised, if he'd forget about a false-arrest suit, *they'd* forget to tell his wife about the wild week.

### Sometimes He Fails

Despite his impressive string of successes as a medical criminologist, Dr. Larson hasn't batted 1.000. In 1937, for instance, the 10-year-old son of a Tacoma surgeon was kidnapped and slain. Larson was called in—but failed to solve the case.

Characteristically, he hasn't yet conceded defeat. Hardly a month passes that he doesn't spend some time on this baffling problem. "I don't like to give up without a fight," he explains.

Perhaps such doggedness is the key to his success. He zealously studies every subject he thinks may help him unravel a knotty case. Just as he learned a good deal about rope in the Crescent Lake mystery, he has also made exhaustive studies of documents, handwriting, and firearms. As a multi-threat detective, he'll occasionally pull off a pretty good imitation of Sherlock Holmes.

### Studies the Angle

When a 70-year-old Tacoma physician was robbed and shot to death in his office, for instance, Dr. Larson found that his services as a pathologist were hardly required. But he stuck around anyway, studying the two bullets that had been fired, and particularly the angle at which one of them had struck a mirror. At length, he gave police this information: The man they were looking for



## Organizing and Operating A Group Practice Or Partnership

Now available, as the result of numerous requests from physicians, is a portfolio of reprints on group practice and partnerships. It contains about a dozen of the most requested articles on this subject published in *MEDICAL ECONOMICS*. The portfolio is book size, with a durable, leatherette cover and with the title stamped in gold. Prepaid price \$2.

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Medical Economics, Inc. Rutherford, N.J.

Please send me your portfolio of articles on group practice and partnerships. I enclose \$2.

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**NOW!**

*The first satisfactory r*



New, Stable Sedative-Hypnotic-  
Antinauseant.

" . . affords chloral hypnosis  
without gastric irritation."<sup>1</sup>

**C L O R**

Sedat

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Henry

YUM

# replacement for Chloral and the barbiturates

NOW, FOR THE FIRST TIME, one of the safest and most reliable sedative-hypnotics is available for routine prescription use in a stable, convenient formulation: CLORTRAN capsules chlorobutanol (Wampole).

Beckman<sup>1</sup> remarks, "I think the profession would do well to use this drug more often in insomnia."

PREFERABLE TO THE BARBITURATES because it is not habit-forming and produces refreshing, "normal" sleep from which the patient can be easily and completely roused, CLORTRAN is also superior to chloral hydrate, since CLORTRAN does not upset the stomach.<sup>2</sup>

CLORTRAN actually exerts a mildly carminative, soothing, spasmolytic influence on the gastric mucosa and muscularis.<sup>3</sup> Thus, CLORTRAN is specifically and directly beneficial in control of sea-, air-, and car-sickness, nausea and gastritis. Here at last, is a safe, well-tolerated, oral sedative-hypnotic (and antinauseant) that works uniformly well, without "hangover," gastric irritation, or habit-formation.

**Dosage:** SEDATIVE-ANTISPASMODIC, 0.25 Gm. 2 to 4 times daily.

NAUSEA or MOTION SICKNESS: 0.25 Gm., repeated in 30 minutes if necessary. Hypnosis: 0.5-1.0 Gm.,  $\frac{1}{2}$  to 1 hour before retiring. *Contraindicated* only in severe cardiac, hepatic or renal disease.

CLORTRAN is supplied in golden-orange, soft gelatin capsules, 0.25 Gm. ( $3\frac{3}{4}$  Gr.) and 0.5 Gm., STABLE CHLOROBUTANOL ( $7\frac{1}{2}$  Gr.); bottles of 100.

1. Beckman, H.: *Treatment in General Practice* (Saunders) 1948. 2. Rehfuess, M. E., Albrecht, F. K., and Price, A. H.: *Practical Therapeutics* (Williams & Wilkins) 1948. 3. Krantz, J. C., & Carr, C. J.: *The Pharmacologic Principles of Medical Practice* (Williams & Wilkins) 1951.

# CLORTRAN

Sedative-Hypnotic-Antinauseant : Capsules Stable Chlorobutanol (Wampole)

**Wampole Laboratories**

Henry K. Wampole & Company, Inc., 440 Fairmount Ave., Philadelphia 23, Pa.

## CRIME DOCTOR

had used a .38-caliber Smith & Wesson revolver; and he was 5' 10".

Out went an alarm for just such a man. Two days later, a cab driver was robbed of his money and his cab. Motorcycle patrolmen traced the cab, chased it through Tacoma, and got their man. They recognized him immediately:

He had a .38 Smith & Wesson in his pocket. He was 5' 10". And he was wearing the slain physician's watch and ring.

### A Handwriting Test

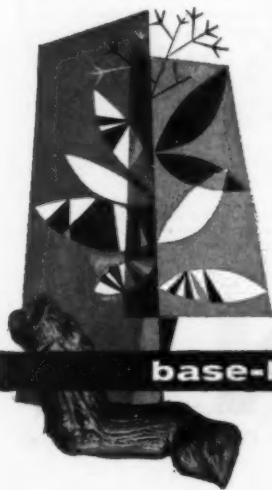
Dr. Larson has also had his innings as a handwriting expert. Once, in a court case over a contested will, he was asked to examine the clumsily signed document. "Just take a

quick look at it," said the attorney. "It's obviously a crude forgery."

But Larson disagreed. The old man who had made out the will, he explained, had been suffering from paralysis agitans. Thus, he had been incapable of signing his name the same way twice. Even so, Larson went on, the character of the handwriting didn't change.

The jury based its decision on his insistence that the signature was valid.

Considering his success with juries—the above example is only one of many—you might think he'd have made a good lawyer. Well, that was his original intention. It wasn't until his senior year at Gonzaga College (where, by the way, one class-



### most prescribed because...

Raudixin, most prescribed of the rauwolfia preparations, contains *all the alkaloids of rauwolfia*. It is the powdered whole root. In almost all cases of hypertension, *prescribe Raudixin first*. Later, add more potent agents if necessary. Dosage: 200 mg. daily, adjusted according to response. 50 and 100 mg. tablets, bottles of 100 and 1000.

**base-line therapy...**

**Raudixin** in hypertension

SQUIBB RAUWOLFIA

RAUDIXIN® IS A SQUIBB TRADEMARK

A VITAMIN AND MINERAL RICH DIETARY SUPPLEMENT

# for the bland diet

## OVALTINE PROVIDES A WEALTH OF ESSENTIAL NUTRIENTS

- 1** And in a balanced relationship of protein, vitamins, minerals and other nutrients. See chart below.

## OVALTINE IS HIGHLY PALATABLE

- 2** The tempting flavor of this delicious food beverage adds zest to the bland diet. It is taken eagerly even by patients who dislike milk.

## OVALTINE REDUCES CURD TENSION OF MILK MORE THAN 60%

- 3** This dietary supplement is an easily digested addition to the bland diet.

Thus Ovaltine made with milk is ideally suitable whenever a bland diet is required.

Three Servings of Ovaltine in Milk Recommended for Daily Use Provide the Following Amounts of Nutrients

(Each serving made of  $\frac{1}{2}$  oz. of Ovaltine and 8 fl. oz. of whole milk)

### MINERALS

*CALCIUM.....	1.12 Gm.	*MAGNESIUM....	120 mg.
*CHLORINE.....	900 mg.	*MANGANESE....	0.4 mg.
*COBALT.....	0.005 mg.	*PHOSPHORUS...	940 mg.
*COPPER.....	0.7 mg.	*POTASSIUM.....	1300 mg.
*FLUORINE.....	0.5 mg.	*SODIUM.....	560 mg.
*IODINE.....	0.7 mg.	*ZINC.....	2.8 mg.
*IRON.....	12 mg.		

### VITAMINS

*ASCORBIC ACID.	37.0 mg.	*PYRIDOXINE....	0.6 mg.
*BIOTIN.....	0.03 mg.	*RIBOFLAVIN....	2.0 mg.
*CHOLINE.....	200 mg.	*THIAMINE.....	1.2 mg.
*FOLIC ACID....	0.05 mg.	*VITAMIN A.....	3200 I.U.
*INACIN.....	6.7 mg.	*VITAMIN B <sub>12</sub> ...	0.005 mg.
*PANTOTHENIC ACID.....	3.0 mg.	*VITAMIN D.....	420 I.U.
*PROTEIN (biologically complete).....	32 Gm.	*CARBOHYDRATE	85 Gm.
		*FAT.....	30 Gm.

\*Nutrients for which daily dietary allowances are recommended by the National Research Council.



Ovaltine is equally delicious served hot or cold.

# Ovaltine

The Wender Co., 360 N. Michigan Ave., Chicago 1, Ill.

*The World's Most Popular Fortified Food Beverage*

# Physiological test compares Kent's "Micronite"

TO COMPARE the efficiency of various filters as they affect physiological responses in the cigarette



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ite"

## Filter with other cigarette filters

of vari-  
physio-  
cigarette

smoker, drop in surface skin temperature at the last phalanx was measured.

Using well-established procedures, the subject smoked conventional filter cigarettes and the new KENT with the exclusive Micronite Filter.

For every other filter cigarette, the drop in temperature averaged over 6 degrees. For KENT's Micronite Filter, there was no appreciable drop.

These findings confirm the results of other scientific measurements that show these facts: 1) KENT's Micronite Filter takes out *far more* nicotine and tars than any other cigarette, *old or new*. 2) Ordinary cotton, cellulose or crepe paper filters remove a small but ineffective amount of nicotine and tars.

Thus KENT, with the first filter that really works, gives the one smoker out of every three who is

susceptible to nicotine and tars the protection he needs . . . while offering the satisfaction he expects of fine tobacco.

For these reasons, smokers have made the new KENT the most popular new brand of cigarette to be introduced in the last 20 years.

If you have yet to try the new KENT, may we suggest you do so soon?



"KENT" AND "MICRONITE" ARE REGISTERED  
TRADEMARKS OF P. LORILLARD COMPANY

## CRIME DOCTOR

mate was a crooner named Bing Crosby) that Charlie Larson switched to medicine.

He took his medical training at McGill and spent his vacations as a no-pay "interne" in the crime laboratory of the New York City medical examiner's office. When he later returned to Washington and set up the state's first crime laboratory, in Tacoma, he used the New York lab as his model.

### How He Charges

No matter which side retains Dr. Larson in a homicide case, he charges on a fee-for-service basis. "I charge, as most doctors do, according to the amount of service rendered, as weighted against ability to

pay," he explains. "My fees range from \$50 to \$250 a day."

In all, he devotes about a third of his time to forensic pathology. When he's out on a case, his three partners cover his regular practice for him.

At times when neither hospital cases nor crime beckons, Charlie Larson is likely to take a jaunt in his fishing boat or in his plane. That is, if family matters don't intervene. They often do, since Larson, who has been married twice, has seven children—ranging from 4 to 22.

His eldest son is now a medical student at McGill. And it's a fair bet that if Charles P. Larson has anything to say about it, the youngster will be fully qualified before he ever tries to perform an autopsy. **END**

"THE NEAREST APPROACH TO THE CONTINUOUS  
INTRAGASTRIC DRIP FOR THE AMBULATORY PATIENT"

# NULACIN

A pleasant-tasting tablet...to be dissolved slowly in the mouth...not to be chewed or swallowed...made from milk combined with dextrins and maltose and four balanced non-systemic antacids...\*\*

Promptly stops ulcer pain...holds it in abeyance... hastens ulcer healing.

In tubes of 25 at all pharmacies. Physicians are invited to send for reprints and clinical test samples.

\*Steigmann, F., and Goldberg, E., J. Lab. & Clin. Med. 42:955 (1953).

\*\*Mg trisilicate, 3.5 gr.; Ca carbonate, 2.0 gr.; Mg oxide, 2.0 gr.; Mg carbonate, 0.5 gr.

**HORLICKS CORPORATION**

Pharmaceutical Division • RACINE, WISCONSIN





NEW VASODILATOR

To: Medical Profession

From: Hoffmann-La Roche Inc.

Preliminary clinical trials of ILIDAR®, an entirely new drug for the relief of vasospasm, have been completed.

Ilidar tablets are particularly useful for the relief of vasospasm, especially when the patient complains of painful, numb, cold extremities.

Ilidar is quadrergic; its vasodilating effects are the result of four distinct pharmacologic actions -- sympatholysis, adrenolysis, epinephrine reversal, and direct vasodilation.

**ILIDAR**  
**for vasospasm**

**ILIDAR**  
**for vasospasm**

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## Jottings From A Doctor's Notebook

[CONTINUED FROM 160]

Not so Sam Binks. At a globular 315 pounds, Sam was finally driven to the arms of Aesculapius by business considerations.

"It's like this, Doctor. Every man's got a trade. You're a doctor; me, I'm a bookmaker. Nothin' big, see? I just roll around, pick up a bet here and there, then I phone 'em in to a fellow what can pay off when he loses. Well, I do my business in a telephone booth, and the last couple of days I can't squeeze myself in no more. So you gotta get me down, see? If I don't reduce I'll starve."

Yes, Samuel. And vice versa.

• • •

From the armchair Hippocrates:

Among the most contagious diseases are measles and whooping cough in children, and cardiac neurosis in middle-aged ward-patients. Let them be isolated, I say, at the first move of the hand toward the precordium, and not released from quarantine till they've stopped feeling their own pulses.

• • •

Patient Michael Linnet did not recall to the admitting physician any recognizable clinical picture, so he concluded his note with: "Diagnosis deferred." The junior interne on medicine was equally baffled, and wrote: "Diagnosis deferred."

Successively thereafter the senior, the resident, and the attending physician found themselves neighbors on the same fence, each also bestowing upon the puzzling Mr. Linnet that alloy of frustration and hope: Diagnosis deferred.

The patient was well and stoutly made, and it was only after three full days that he died of deference.

• • •

Anesthetist Vronetz's paper on "Recent Developments in Anesthesia" began, for private reasons, with prehistoric practices, and dwelt thereafter on each succeeding era.

After the first quarter-hour, my neighbor Halsie settled himself more snugly in his seat, found a comfortable headrest, and just before lapsing into slumber turned toward me and said:

"First-rate anesthetist, that fellow. No ether, no novocaine, and here I am going into third-stage anesthesia. Such delightfully smooth induction..."

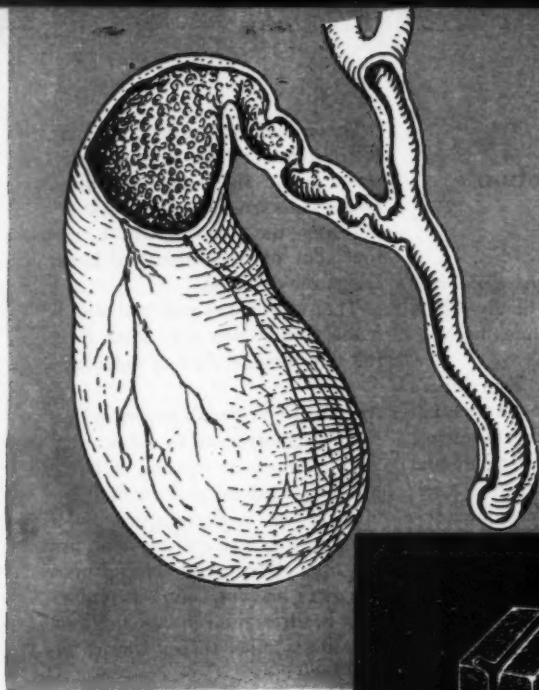
• • •

The question hour (only applicants for internship eligible to compete):

1. Where, in a well-run hospital, does one take the duck for a walk?
2. What are the indications for prescribing the black bottle?
3. How is German measles differentiated from German goiter?
4. When does the green dragon go to work?

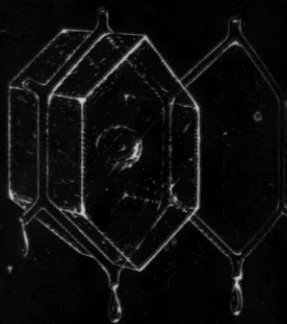
Prize for the highest score: one-quarter gross extra-size finger cots, almost new.

END

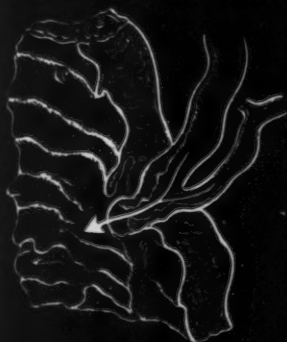


*Gallbladder and ducts.*

*Ampulla of Vater and sphincter of Oddi.*



*Modern conception of liver cell.*



*By increasing bile secretion with Ketochol® and controlling sphincter of Oddi spasticity with Pavatrine®, a free flow of bile is instituted with resultant symptomatic improvement.*

## Conservative, Effective Medical Management of Gallbladder Disease

The ketocholanic acids in Ketochol stimulate the flow of hepatic bile and flush the bile ducts. Antispasmodic medication, as provided in Pavatrine, diminishes gastrointestinal irritability and, by relaxing the sphincter of Oddi, effectively reduces symptoms of colic. This therapeutic program offers rational, conservative therapy in gallbladder dysfunction.

That the four bile acids present in Ketochol relieve biliary stasis is even more definitely proved by their use in the diagnosis of nonvisualized gallbladder. After the administration of Ketochol, repeat cholecystograms permitted<sup>1</sup> correct diagnoses.

In conjunction with the use of Ketochol for its hydrocholeretic action and Pavatrine for its antispasmodic effect, it is usually recommended that proper dietary restriction be enforced, milk and

cream be employed as tolerated to encourage gallbladder emptying, and mental relaxation be provided. The combination Pavatrine with Phenobarbital is ideally suited for this latter purpose. This program of therapy serves a twofold aim: it provides corrective measures against the existing condition, and it counteracts the nervous "irritability" which is so frequently associated with gallbladder disease.

The average dose of Ketochol is one tablet three times daily with or following meals. The average dose of Pavatrine or Pavatrine with Phenobarbital is one or two tablets three or four times daily as needed. G. D. Searle & Co., Research in the Service of Medicine.

1. Berg, A. M., and Hamilton, J. E.: A Method to Improve Roentgen Diagnosis of Biliary Diseases with Bile Acids, *Surgery* 32:548 (Dec.) 1952.

## Misadventures of an Insurance Doctor

[CONTINUED FROM 143]

to the doctor and the insurance company. But I should at least point out that the physician hasn't always finished his job once he has examined the prospect. Sometimes he's forced to make follow-up visits—in order, say, to get an extra urine specimen.

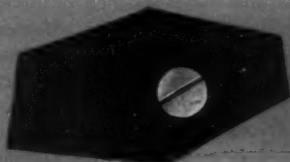
In one case, I recall, the company asked me for two specimens—the first urine passed on two successive mornings. According to instructions, I had to attest that the urine was the applicant's own. So I should have gone to the man's home twice—at

about 7 A.M.—and supervised the procedure.

Needless to say, I did no such thing. I took the applicant's word that the urine was his, and I picked up the specimens at my convenience. (What did the company expect for a total fee of \$4?)

While I hope I've made it clear that there's a lot wrong with the way the companies handle their doctors, I don't mean to imply that the situation is hopeless. I believe that the lot of the individual M.D. who does insurance examinations can be improved—not merely to his benefit but to that of the insurance companies as well. In a final article, I'll explore the possibilities for such improvement.

ENT



**A NEW** tranquilizer-antihypertensive combination, especially for moderate and severe essential hypertension...

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**Serpasil-Apresoline**<sup>®</sup>  
hydrochloride

(RESERPINE AND HYDRALAZINE HYDROCHLORIDE CIBA)

**COMBINING IN A SINGLE TABLET:** The tranquilizing, bradycrotic and mild antihypertensive effects of Serpasil, a pure crystalline alkaloid of rauwolfia root. The more marked antihypertensive effect of Apresoline and its capacity to increase renal plasma flow.

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Summit, N.J.

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Groups studied	Prevalence of Deficiency	Evidence of Deficiency	Reference
Infants at autopsy	6%—ten times as many cases as diagnosed	Schollistral scurvy as shown by bone studies	Bull. Johns Hopkins Hosp. 87:569, 1946.
School children	47% 53%	Low intake of C Low blood levels of C	J. Am. Dietet. A. 39:718, 1943. J. Am. Dietet. A. 34:967, 1948.
College students eating at dining halls	62% of daily meals analyzed were deficient in C	C intake below recommended levels	J. Periodont. 23:236, 1952.
Patients with parodontitis	44%	C intake below recommended levels	Calif. Med. 74:186, 1951.
Institutional inmates over 50	87%	Low blood levels of C	

*vitamin C is so abundant—  
yet so often deficient*

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FLORIDA CITRUS COMMISSION, LAKELAND, FLORIDA

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# News

Labor problems of union hospital proj-

ect • New home study plan for physicians • Doctors 'conspire' to put colleague on TV • Proposed sales tax would pay indigents' health costs • Blue Shield coverage for doctors' aides

## Hospital Offers M.D.s Formula for 'Gifts'

How much should a doctor give his hospital's building fund? The answer, say officials of the Dixon (Ill.) Public Hospital, depends on the use he makes of the institution. So they've devised a plan for regulating the size of voluntary contributions from all staff members:

Hospital use is divided into units; and each unit on a doctor's record costs him—voluntarily, of course—a 50 cent donation to the building fund. Sample units: for any physician, one patient-day in the hospital; for an anesthesiologist, one anesthetic administration; for a radiologist or pathologist, \$10 worth of X-ray or pathology services.

According to a report in the Illinois Medical Journal, the plan resulted in 100 per cent collection of donations during its first year. Average monthly contribution per doctor: \$30.70. But some M.D.s have given the fund as much as \$300 in a single month.

The plan "has been accepted by the staff as being very fair," say Dr. Howard Edwards Jr., the hospital's president, and Agnes F. Florence, R.N., its superintendent. "Our goal," they add, "is \$60,000. When we get ready to have a drive for a building fund, we will be able to notify our community that the staff has already . . . done its share . . . If we decide not to build when we reach our goal, the money can be returned."

## M.D.s Pay \$34 Million Yearly for Dressings

American doctors in private practice spend an annual total of nearly \$33,800,000 for surgical dressings and adhesives. A MEDICAL ECONOMICS study has found that this sum breaks down as follows:

- ¶ \$10,290,800 for gauzepads and sponges;
- ¶ \$8,731,800 for adhesive tape;
- ¶ \$7,452,000 for cotton and cotton balls; and
- ¶ \$7,322,400 for adhesive bandage.

[MORE→]

## NEWS

And how much does the individual doctor spend each year on such items? The answer depends on his specialty. As might be expected, the full-time surgeon apparently tops the list, with an average expenditure of almost \$325; and the part-time surgeon comes next, with about \$320. The average G.P. buys some \$250 worth of dressings and adhesives; the nonsurgical specialist, some \$190 worth.

### Society Admits Aliens

Doctors who aren't American citizens may now become members of the Wisconsin medical society. Pointing out that the state grants licenses to doctors who merely de-

clare their intent to become citizens, the society has revised its by-laws to eliminate citizenship as an admission requirement.

### Separate Corporation to Handle Research Funds

Medical research in one state has been given a boost, thanks to an ingenious organizational maneuver. Hamstrung by a state law forbidding public agencies to accept private donations for specific projects, the New York State Department of Health recently found a way to subsidize such projects: It set up a private corporation that *can* accept grants.

The corporation—called Health Research, Inc.—maintains neither a

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with TERRAMYCIN\*\* hydrochloride

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"comfort pillow"



The Council found: "... the Comfort Pillow well made . . . helped expectant mothers get needed rest and sleep." Tell your pregnancy patient! (At Dept. stores.)

Chas. Bloom, 15 E. 26th St., N.Y. 10, N.Y.

## NEWS

research staff nor laboratories. Instead, it channels the money it gets to existing public and private agencies doing research in various diseases. Donations to date total some \$85,000. Among the contributors: the U.S. Army, the American Cancer Society, the National Cancer Institute, and a number of individual donors.

## Do You Drive Safely?

Medical men may not be demons behind the wheel, but they're not paragons of careful driving, either. At least that's the report of the State Farm Mutual Automobile Insurance Company. Its latest survey of the safety records of sixty-odd occupational categories shows doctors ranking no better than thirty-ninth.

Even their wives apparently have fewer accidents. The much-maligned lady driver (the housewife) is listed in twenty-eighth place. Among the best car insurance risks are farmers, city and county officials, teachers, and engineers. Among the worst: traveling salesmen, students, and military enlisted personnel.

## Union Hospital Project Faces Labor Problems

When John L. Lewis and his United Mine Workers embarked on their \$25 million hospital-building project, it may have seemed unlikely that they'd be saddled with labor problems. But they're apparently beginning to have them. [MORE→]



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Ordinary antacids stop protein digestion, but an *in vivo* study by Tainter\* proves that AL-CAROID, by virtue of its "Caroid" content, maintains protein digestion while correcting hyperacidity.

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*antacid-digestant*

*powder and tablets*

Al-Caroid and Caroid, T. M. Reg.

\*Tainter, M. L., et al: Papain, Ann. New York Acad. Sc. 54:143-296 (May) 1951.

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## NEWS

The U.M.W. is financing the construction of ten ultramodern hospitals in the mining districts of Kentucky, Virginia, and West Virginia. It has insisted that all work on the project be done by members of its affiliate, The United Construction Workers (comprised in part of laid-off miners). As the work progresses, however, there's an increasing need for skilled building-trades craftsmen—which Lewis' union can't supply.

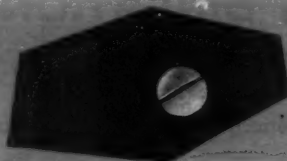
According to a report in Business Week, the only way to keep the project from stalling is to use available A. F. of L. craftsmen. But if Lewis sticks to his demand that all the work be done by cardholders in *his* union, he may not be able to get the A. F. of L. men. Many of the latter

naturally prefer not to pay additional dues to the Lewis affiliate (nor to subjugate themselves to its leader).

The solution? At this point, it's anybody's guess, concludes Business Week. But Lewis may be forced to work out some sort of compromise—if, that is, he wants to avoid labor trouble.

## Air-Conditioner Switch

Ever forget to turn off the air conditioner when you leave the office at night? If so, you may be interested in a new device that will do it for you automatically. It will also start the unit going in the morning; and it can be adjusted so as to skip non-working days.



**A NEW** tranquilizer-  
antihypertensive combination,  
especially for moderate and  
severe essential hypertension...

## **Serpasil-Apresoline<sup>®</sup>** hydrochloride

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Each tablet (scored) contains 0.2 mg. of Serpasil and 50 mg. of Apresoline hydrochloride.

**C I B A**  
Summit, N. J.

Produced by the International Register Company of Chicago, the gadget can be attached to any air-conditioning unit. All you have to do is set the time dial in the switch box (for as many as eleven separate on-off operations), then plug in.

### Bill-Paying Plan

Is health a public utility? Lewis S. Porter, a hospital administrator in Roseville, Calif., apparently thinks so. He has proposed to the local city council that utility users be given a chance to join a special group hospital insurance plan. As he sees it, subscribers to the plan would pay their premiums along with their electricity-water-garbage-collection bills.

So far, the council hasn't acted on Porter's package proposal. It has announced, in fact, that it doubts the legality of any such procedure.

### Lab Workers Sought

The nation's shortage of medical laboratory workers may soon be eased—that is, if movies can help. The newly formed National Committee for Careers in Medical Technology has announced that it will produce two short films to be shown to youth groups all over the country. One will be in color (for classrooms and group meetings), the other in black and white (for television). Both will dramatize the training and work of the medical technologist. [MORE—

AN EFFECTIVE TRANQUILIZER-ANTIHYPERTENSIVE,  
ESPECIALLY IN MILD, LABILE ESSENTIAL HYPERTENSION....

# Serpasil

(RESERPINE CIBA)

*A pure crystalline alkaloid of rauwolfia root  
isolated and introduced by CIBA*

Virtually every patient with essential hypertension can benefit from the tranquilizing, bradycardic and mild antihypertensive effects of Serpasil therapy.

Mg. per mg., Serpasil has a therapeutic effectiveness ratio of approximately 1000 to 1 compared with the whole root. Tablets, 0.25 mg. (scored) and 0.1 mg.

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RELIEF OF  
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**Dramatic SKIN PROTECTANT**

Effective in many cases formerly failures under currently acceptable therapy: Colostomy drainage, diaper rash, occupational dermatoses, housewife's eczema, etc. Original silicone (30%) ointment in non-washable base. Samples.



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**NEWS**

Funds for the project (a total of \$45,000) have been contributed by the American Cancer Society and the U.S. Public Health Service's National Cancer Institute.

**Cites Figures to Prove  
TB Not Licked Yet**

The TB death rate is on the downgrade—but doctors have been warned not to relax their efforts to uncover new cases. "We're being more and more successful in keeping people alive," Dr. Charles S. Prest has told his colleagues in Kings County, N.Y. "But we are not being equally successful in curbing the spread of the disease."

To emphasize his contention that "the fall in the case rate of tuberculosis does not begin to keep up with the fall in the death rate," he cites recent statistics for the Brooklyn area: From July 1, 1951, through June 30, 1952, Brooklyn saw 545 deaths from TB. In the twelve months following, 359 deaths were recorded—a drop of 34 per cent. But over the same two-year period, the rate of incidence of the disease fell only 3 per cent—from something over 4,600 to 4,500.

**Plan's Overhead, 85%**

Ever heard of the American Independent Medical & Health Association? It was a "prepay medical care plan," operated for several years—and with remarkable success—in California. But the success story



## PEDIATRICS

Prepared in The Interests Of The Profession By The Pediatrics Consultant Staff Of H. J. Heinz Company

## BULLETIN

# COMMON NASAL

## OBSTRUCTION IN INFANCY

AS THE physician well knows, young infants do not know how to breathe comfortably and freely through their mouths. Gently occluding the nostrils of a sleeping infant may cause him to struggle and writhe with marked respiratory distress—even feeble infants with cyanosis, waken enough to cry. In young infants with nasal obstruction, adequate breathing may take place only during crying. Between times, the baby, with constantly interrupted sleep, may breathe as if he had marked respiratory obstruction.

• An inexperienced mother, unaware of this difficulty, may describe a most startling picture of respiratory distress to her doctor, who must be alert to understand the simple cause.

• The consensus now is that oily nose drops are contraindicated for infants because of the danger of pulmonary aspiration. It is disputed whether there is any benefit from topical application of antibiotics in the nose. It has been established, however, that vasoconstrictors in aqueous solution do help, and nose drops diluted enough to be non-irritating and administered by a properly instructed mother may give relief enough to allow successful nursing and adequate sleep.

**NOTE:** These bulletins are designed to help disseminate modern pediatrics knowledge to the general medical profession and appear monthly in Medical Economics.



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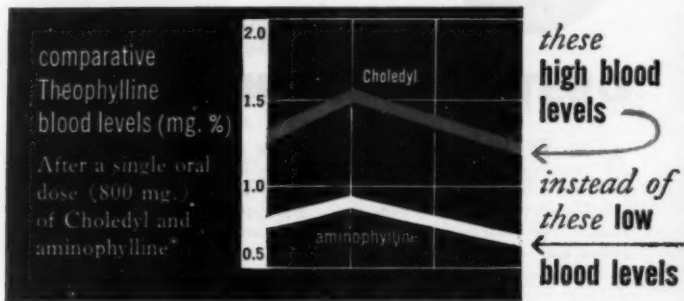


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**ORAL AMINOPHYLLINE THERAPY**  
*you can now attain*



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(Choline theophyllinate, NEPERA)

Up to 76% higher theophylline blood levels (see graph above) are obtained with oral Choledyl® than with oral aminophylline.

Choledyl is the *new* xanthine derivative—five times more soluble than aminophylline, and far better absorbed. Choledyl not only provides higher blood levels, but minimizes the common gastrointestinal irritations associated with ordinary aminophylline.

Oral Choledyl is designed for continuous, intensive theophylline medication free from the drawbacks of poorly soluble, irritating aminophylline, orally; or the scattered emergency use of aminophylline, intravenously. Choledyl is well tolerated on long administration. Unlike aminophylline, Choledyl showed no loss of efficacy even during prolonged treatment.

**DOSE:** *Adults*—initiate with 200 mg. q.i.d. Adjust dosage to individual requirements. *Children over six*—100 mg. t.i.d. or q.i.d.

**SUPPLIED:** 100 mg. and 200 mg. tablets, bottles of 100 and 500.



NEPERA CHEMICAL CO., INC.  
 Pharmaceutical Manufacturers  
 Nepera Park, Yonkers 2, N. Y.

came to a grinding halt recently, when the state's insurance commissioner seized and liquidated the organization.

His complaint: Using door-to-door salesmen to tout its services, the "nonprofit" corporation had spent 85 per cent of premiums received for "overhead and promotion."

Who had owned this bonanza? A Mr. and Mrs. Fortune.

### Same Old Medicine

More wonderful than the wonder drugs is a medicinal ingredient called T.L.C. But when Dr. Charles U. Letourneau of Chicago used this term recently at the University of Colorado medical center, some of his younger listeners were mystified. "A new drug?" one of them asked. "No," the doctor explained. "Just tender, loving care."

### Proposes Sales Tax to Pay Health Costs

*Congress urged to provide aid for medically indigent*

Can the several million Americans who can't afford health insurance be gathered into the prepayment fold? H. Theodore Sorg, president of the New Jersey Blue Cross Plan, doesn't see why not.

His suggestion, as presented recently to the Wolverton Committee in the House of Representatives: a national sales tax (probably a frac-



**A NATIONAL SALES TAX** to cover illness costs of the indigent is proposed by Blue Cross administrator H. Theodore Sorg.

tion of 1 per cent) to cover illness costs of the medically indigent. Payment of claims would be made on a cost-plus basis, as he envisioned it, through the voluntary nonprofit health plans.

Some such program would be essential to supplement reinsurance, Mr. Sorg maintained. In his opinion, the President's reinsurance proposal would, if enacted, be of benefit only to those already able to pay for health coverage.

And the sales-tax idea has further advantages, he claimed. For one thing, it wouldn't lead to regimentation of the medical profession. For another, it would assure free choice of physician to all. And, finally,

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**Callouses  
Cramps, Burn-  
ing, Tenderness**



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Department Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities. For professional literature, write The Scholl Mfg. Co., Inc., 213 West Schiller St., Chicago 10, Ill.

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Topical Anesthetic Ointment

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## Skin Irritations Common to Babyhood

Free from harsh ingredients—Resinol Ointment is specially agreeable in the external treatment of infant eczema and rashes. Its medication, in lanolin, has quick, sustained action in allaying the itching and smarting discomfort.

Would you like to test it? For sample, write Resinol ME-32, Baltimore 1, Md.

**RESINOL**

## NEWS

there'd be no stigma of charity. But "the poor and needy, who contributed least, would benefit most, which is as it should be."

### Devise New Home Study Plan for Physicians

The latest in a growing number of home teaching aids for the doctor is an "audio-visual seminar kit." It's currently being offered by the University of Utah College of Medicine.

Prepared under the direction of the university's Dr. Robert Warner, each kit contains a long-playing recording (sample topics: "The Reliability of Radiological Diagnosis" and "Lesions of the Cervix and Vulva"). Also included are a printed copy of the lecture; several dozen Kodachrome slides; and a table-top slide viewer.

The project has been financed by the Kellogg Foundation; so the individual physician gets the service free. His only expense: shipping charges for each kit he requests.

### Boom Year Seen for Car Air Conditioners

Want to make your house calls in comfort this summer? Air conditioners are now available as optional equipment for ten makes of car (possibly thirteen by the time you read this). And 1954 looks like the big year to date for this newest of auto "extras."

The first units, which appeared in 1953, cost more than \$600 apiece;



A wide variety for you to recommend:  
Meat and Vegetable Soups, Vegetables,  
Fruits, Desserts, Cooked Cereal Food,  
Cooked Oatmeal, Cooked Barley,  
Cooked Corn Cereal.

## Finer flavor means happy mealtimes... good nutrition

When Baby eats with eager relish, he thrives *emotionally* as well as physically. Happy mealtimes have a beneficial influence on his whole personality development.

This is why *flavor* is all-important to us at Beech-Nut. We use the very choicest fruits and vegetables, plump chickens and carefully selected lean meats. All are scientifically processed to retain their tempting flavor, attractive color and natural food values in high degree.



The finer flavor, wide variety of Beech-Nut Baby Foods will help your young patients get a good start nutritionally and emotionally.



All Beech-Nut standards of production and advertising have been accepted by the Council on Foods and Nutrition of the American Medical Association.

# BEECH-NUT FOODS FOR BABIES

## NEWS

yet motorists bought nearly 30,000 of them. This year's sales—at lower prices—are expected to double, according to a Business Week report.

One of the least costly new models sells at \$395. It's the Nash unit; and it combines air conditioning and heating in a single package. Costs of other makes have ranged from \$594 to \$647. But, with the competition from Nash, prices are likely to fall during the coming months.

### Raps Patients for Lack Of Consideration

The public throws a good many brick-bats at doctors these days; but at least one medical man has now tossed back a few. Directing his at-

tack not against the individual patient, but against "the species in general," Dr. D. P. Trees of Wichita, Kan., says:

"In a short span of years, the doctor's position has gone from one of being next to God to that of being next to nothing . . . In bygone days, if the end result of an illness was disastrous, the family said, 'Well, Old Doc did his best.' Today they just sue and talk later."

Some further quotes from Dr. Trees (who tactfully confines his remarks to the editorial page of his medical society bulletin):

¶ "In grandfather's time, the family doctor was such a lovable old 'cuss' that he never sent the patients any bills. People just felt their obli-

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*Appetite Suppression*

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The combined central effects of Rauwiloid and amphetamine produce a sense of well-being and satisfaction, together with effective appetite suppression, and largely free from the cardiac pounding, insomnia, jitteriness, so often engendered by amphetamine alone.

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**NOW... A Crystalline Alkaloid of Rauwolfia**

# Crystoserpine

*Reserpine, Dorsey*

**All the Valuable Hypotensive and Sedative  
Properties of Rauwolfia Serpentina**

**Crystoserpine**—chemically pure crystalline reserpine obtained from Rauwolfia serpentina—exerts the valuable hypotensive, sedative, and bradycrotic actions characteristic of this important hypotensive agent. Yet it possesses the distinctive advantages of chemically pure substances: uniform potency and freedom from inert impurities and less active alkaloids.

## **IN MILD, MODERATE, AND LABILE HYPERTENSION**

Crystoserpine usually suffices as the sole therapeutic agent in the less severe forms of essential hypertension. It is especially effective when emotional agitation is a factor. Blood pressure is adequately reduced and subjective relief is impressive.

## **IN SEVERE, FIXED, OR CHRONIC HYPERTENSION**

When clinical trial for 60 days demonstrates that a more profound hypotensive response is required, the desirable action of Crystoserpine constitutes a good base on which to add the influence of a second, more potent drug. Crystoserpine decreases the dosage needs of the latter and reduces the incidence of reactions to it—a synergistic relationship.

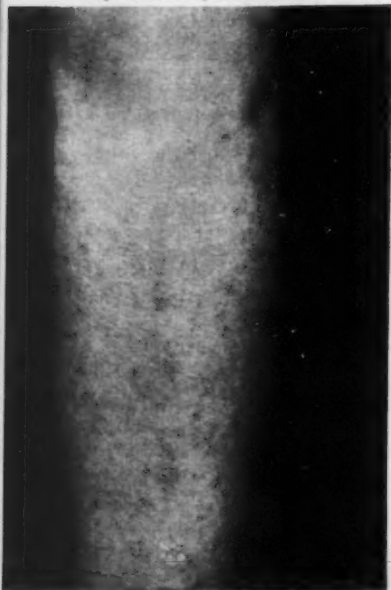
## **SIMPLE DOSAGE PLAN**

The initial dose of Crystoserpine is 3 to 4 tablets (0.75 to 1.0 mg.) daily for 30 days, then 1 to 2 tablets (0.25 to 0.5 mg.) daily. Hypotension is a rare exception and there are no known contraindications. Supply: 0.25 mg. scored tablets.

**SMITH-DORSEY** • Lincoln, Nebraska A Division of THE WANDER COMPANY



*Before Use of RIASOL*



*After Use of RIASOL*

# A "Birdie" in PSORIASIS

RIASOL makes you feel like a champion when the skin patches of psoriasis quickly fade away and disappear. As compared with 16½% remissions by other methods, RIASOL gave successful results in 76% of a series of cases.

Roughly speaking, RIASOL does the job in three cases out of four, as compared with an average of one case in six for other treatments.

You can get a good score in psoriasis by treating every case with RIASOL. Now is the best time to start, because exposure to summer sunlight is beneficial.

In a period of weeks in most cases, the ugly skin lesions of psoriasis began to fade in a series of cases treated with RIASOL. With this result, your patient will consent to wear an abbreviated bathing suit and get the combined benefits of RIASOL and direct sunlight.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fl. oz. bottles at pharmacies or direct.

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## RIASOL FOR PSORIASIS



gations and paid. Now, if the doctor did not send out statements, he would probably starve to death."

¶ "If the doctor falls ill, the patient's prime question is 'When will he be able to see me?' not, 'How is the doctor doing?' If the 'saw-bones' is late with his appointments, no one says, 'The poor old fellow is going to die of a coronary if he doesn't slow down.' Instead, they say, 'What does the doctor mean keeping a man of my position waiting?'"

¶ "Then, of course, there are the week-end house calls when all the family are at home and they suddenly realize that Aunt Susie has been ailing for a week. This would be a wonderful time to have the doctor drop by. He isn't busy in the office . . ."

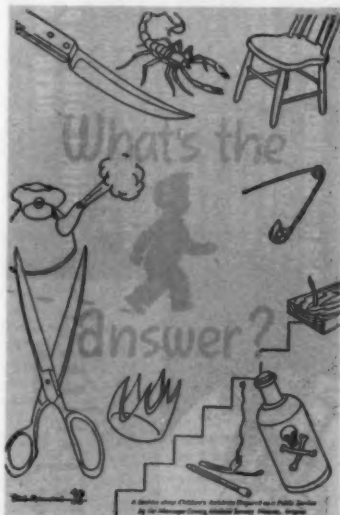
## Physicians Step Up Safety Campaigns

Probably few American communities are as safety-conscious as Phoenix, Ariz. The reason: a vigorous set of campaigns sponsored by the Maricopa County Medical Society.

Spearhead of these campaigns is a safety committee headed by Dr. Paul Jarrett. It has been particularly active in promoting an intensive child safety program. One of its features, for example, is an attractively printed and illustrated booklet, "What's the Answer?" This handy guide to the medicine cabinet tells mothers what to do when their youngsters suffer common mishaps.

It includes advice on how to treat burns, bites, and stings; on how to deal with broken bones until the doctor comes; on how to handle the child who has swallowed something he shouldn't. (A constantly recurring theme: "Call your doctor.") Entirely prepared by Phoenix physicians, the booklet is paid for by Lederle Laboratories and is distributed free of charge.

In addition to the child safety program, the society is sponsoring a number of other campaigns—among them, a drive to increase the use of



**SAFETY DRIVE BOOKLET** distributed by Maricopa County (Ariz.) physicians is a handy first-aid guide for mothers.



## When an Isolated Single Alkaloid is Preferred . . .

A crystalline alkaloid of Rauwolfia serpentina, possessing a measure of the properties of the total alkaloids of rauwolfia root.

- Gradually leads to a moderate, sustained reduction in blood pressure.
- Relieves symptoms of hypertension and engenders a feeling of tranquil well-being.
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- Slows the heart rate moderately.
- Side effects usually mild—occasionally drowsiness, nasal congestion, loose stools, headache, and dizziness.
- Dosage adjustment presents no special difficulties.

Recommended initial dosage, 1 tablet three to four times daily.

Available in 0.25 mg. scored tablets in bottles of 100 through all pharmacies.

**Serpiloid®**  
BRAND OF RESERPINE

**in Mild, Labile Hypertension**

**RIKER LABORATORIES, INC.** 8480 Beverly Blvd., Los Angeles 48, Calif.

## NEWS

safety belts in automobiles. And in July the doctors plan to inaugurate a twenty-four-hour emergency-call service for Phoenix, as well as a poison-antidote information service for the entire state.

### Medical Students Given Courtroom Training

Since doctors on the witness stand are often ill at ease, Detroit's Wayne University recently decided to give its medical students a preview of the ordeal. It staged a mock trial in which defendant and witnesses were all "doctors"; and medical and law students played the major roles.

At the end of the two-hour trial, Buell Doelle—a Michigan lawyer who had acted as "judge"—took the "doctors" to task for having talked too much. He also scolded the "attorneys" for their laxity in letting the witnesses get out of hand. Doelle's parting advice to the medical students:

"When you doctors get on the witness stand, don't expect to give a recitation. Just answer the questions, and don't volunteer testimony . . . If you don't feel qualified, say so. And don't be too ready with an answer. Take time to give it thought."

### Silent Dictation

Have you ever wished you could dictate notes in the patient's presence—but out of his hearing? If you have, you may be interested in a soundproof dictating machine that's

EARL  
the info  
for a nu  
And w  
give the  
well-bal  
... wit  
special

GOOD  
portant  
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building  
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junior n  
increase  
but also



*Good Start  
for a  
Better Future*

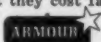


## GERBER'S 7 STRAINED MEATS

**EARLY ACCEPTANCE** of food variety by the infant provides an excellent foundation for a nutritionally sound diet in later years. And well-established, good eating habits give the mother more latitude in providing well-balanced meals for the whole family... without burdening her budget with special items for "fussy" eaters.

**GOOD EATING HABITS** are especially important where meat is concerned, since meat offers one of the best sources of body-building protein. That's why Gerber's offer 7 savory strained meats for babies... 4 junior meats for toddlers. Not only for the increased nutritive value variety affords... but also to stimulate mealtime interest.

**MADE OF SELECTED ARMOUR CUTS,** Gerber's Strained Meats also supply the complete proteins, B-vitamin and mineral nutrients so necessary for growth and muscle development. And they're specially processed for high retention of these nutritive values. Free of sinew and coarse connective tissue... with a low fat value (never more than 5.5%). No cooking or scraping for the mother, yet they cost far less than home-prepared meats for infants.



**STRAINED**—Beef • Beef Liver • Veal • Pork  
Lamb • Beef & Beef Heart • Liver & Bacon  
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FREMONT, MICHIGAN

4 CEREALS • 60 STRAINED & JUNIOR FOODS, INCLUDING MEATS

## NEWS

increasingly popular with business and professional people.

Called Stenomask, the device looks something like a gas mask. When you hold it up to your mouth, it completely muffles the sound of your voice. You can talk into it at the rate of 250 to 300 words a minute; and your aide will have no trouble understanding and transcribing your remarks.

### Physicians Conspire to Put Colleague on TV

The doctors of two widely separated areas collaborated in a bit of deception recently—but for an eminently good cause. They helped a Wisconsin doctor to public acclaim on "This

Is Your Life," one of television's most popular shows.

The program recapitulates a person's life, reunites him with old acquaintances, and showers him with gifts. The recipient in this case was Dr. Kate Pelham Newcomb of Woodruff, Wis. She first came to public notice several months ago, when youngsters in her tiny home town initiated a "Million Penny Parade" to help her complete the building of an eighteen-bed hospital.

When the producers of "This Is Your Life" nominated the Wisconsin G.P. as their unsuspecting guest star, they had to gather background material on her life without her knowledge. They also had to entice

a NEW topical anesthetic..



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(BRAND OF LIDOCAINE\*) ASTRA

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**INDICATIONS**—Controls pain, itching and other discomfort associated with burns, abrasions, dermatological lesions, non-operative ano-rectal conditions, otological procedures, endotracheal intubation, nipple soreness as experienced by lactating mothers, or wherever surface anesthesia is deemed desirable or mandatory.

**Write department G4 for bibliography and professional samples.**

Descriptive literature available to physicians on request.



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(210 mg. of elemental iron)

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*the  
right amount  
of iron*

*plus  
complete  
B complex*

406142

her to Los Angeles (where the program originates). To solve both problems, they enlisted the help of her colleagues in Wisconsin and California.

The Wisconsin state medical society obliged with much of the biographical data. The pretext for the trip to the Coast was furnished by the Los Angeles association, which sent Dr. Newcomb an "official in-

itation" to a testimonial dinner for Sir Alexander Fleming, the discoverer of penicillin. (Actually, the dinner was scheduled for a much later date.)

Unsuspecting to the last, Dr. Newcomb accepted. Then, on her first evening in California, some friends took her to see the "This Is Your Life" show. The rest was easy.

As a result of the doctor's TV ap-



**M.D.'s APPEARANCE ON SHOW BENEFITS HOSPITAL:** Some \$90,000 in contributions to her new hospital poured in on Dr. Kate Pelham Newcomb after she was on television's "This Is Your Life" program.



## The Road to Easy Street...

By combining adherence to a leisurely daily schedule with mild vasodilator sedative medication, hypertensive patients can often find a more serene and tranquil existence.

Theominal exerts a general tranquilizing effect. With continued administration there is frequently a gradual reduction of blood pressure to a more normal level with relief of hypertensive symptoms including congestive headache, chest pains, vertigo and dyspnea.

DOSE: One Theominal or Theominal® tablet two or three times daily. With improvement the dose may be reduced or omitted periodically.



# THEOMINAL®

(Theobromine 5 grains, Luminal® 1/4 grain)

**Vasodilator and Sedative for  
ARTERIAL HYPERTENSION**

*When less sedation is required:*

New **THEOMINAL** (M)  
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pearance, her hospital campaign soared to a triumphant conclusion. Total contributions from viewers all over the country: about \$90,000.

## TV Proved a Valuable Teaching Aid

As a medium for medical education, television appears to be as effective as classroom teaching. This finding emerges from a recent experiment conducted by the University of Southern California's Department of Communication, with the aid of Dr. Hans H. Zinsser Jr. (son of the famed M.D.-bacteriologist).

A sampling of students from the university's medical school was divided into two sections. Each section was given a brief but fairly complex (and identical) course of instruction—one in the classroom, the other over TV. Then, at intervals, the students were tested on what they'd learned.

Ultimate finding: Over a period of time, there was no appreciable difference between the two groups in the percentage of material remembered.

## Sees Signs of Possible Rise in Dividends

Good news for doctor-investors: Corporation dividends may soon get bigger. At least, according to a study by Business Week, many signs point in that direction.

Nationally, the stockholders' cut



**TV INSTRUCTION** in medicine seems as effective as face-to-face teaching. Evidence: a test conducted in part by Dr. Hans Zinsser Jr.

of profits in recent years has seldom approached the 60 per cent that used to be a virtual yardstick. Last year, for example, dividends amounted to only 47 per cent of earnings. But the magazine sees the chance of a rosier future for the investor in such current facts as these:

1. Total dividends during late 1953 and early 1954 were over 5 per cent higher than those of a year before.

2. Confidence has replaced anxiety in the average executive's attitude toward Washington.

3. Since businessmen generally no longer fear a full-scale depression, they've lost some of their eagerness to save for a rainy day. [MORE→



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*safe relief from sinusitis*

The pain and discomfort of chronic sinusitis can be effectively relieved,  
without the use of habit forming drugs, with fast acting Anacin.

This dependable APC formula may be taken safely over long periods of time,  
where continued use is indicated, without the severe withdrawal characteristics of narcotics.  
Anacin is available at all pharmacies for patient convenience.



TABLETS

Whitehall Pharmacal Company, New York 16, N. Y.

4. Many corporations have temporarily passed their postwar-expansion peak; so they're less likely to hold out earnings for growth.

5. The tax situation, present and anticipated, is the most encouraging in years.

## Doctors Offer Comfort To Tobacco Users

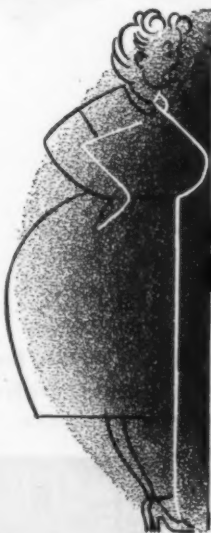
*Many insist there's no proof that smoking causes cancer*

The controversy over the link between cigarette smoke and lung cancer shows no signs of abating. Latest cannonade comes from the Tobacco Industry Research Committee, formed by the tobacco men to conduct

further research into "all phases of tobacco use and health." The committee has published a list of statements by "thirty-six distinguished cancer authorities." All deny the existence of sufficient proof to establish the connection. Some sample quotes:

¶ Dr. Walter B. Martin, President-elect of the A.M.A.: "I do not think the evidence is convincing enough to establish as a positive fact that cigarette smoking is necessarily the cause of cancer of the lung."

¶ Dr. W. C. Heuper of the National Cancer Institute: "The existing evidence neither proves nor strongly indicates that . . . cigarette smoking [is] a major or even predominating causal factor in the pro-



## in any case of **OBESITY**

with low-reserve thyroid. Mild thyroid deficiency "is a fairly common condition . . . characterized by weight gain, lassitude, brittle fingernails, coarse hair and . . . menstrual abnormality."<sup>1</sup> In this condition, accompanying thyroid medication may be of distinct help to the dietary regimen in reducing the patient.<sup>2</sup>

# thy

Thyrar is prepared exclusively from beef sources and provides whole gland medication at its best. Superior uniformity is assured by chemical assay and biologic test.

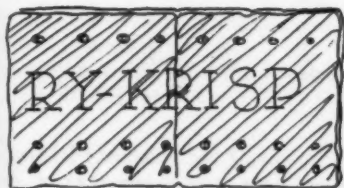
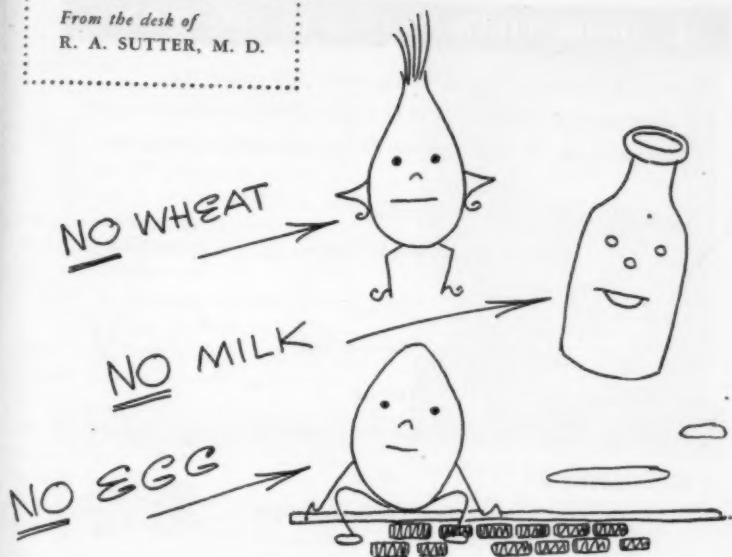
Supplied: Tablets of ½, 1 and 2 grains. Bottles of 100 and 1000. Standardized equivalent to thyroid U. S. P.

1. Buxton, C. L., and Vann, F. H.: *New England J. Med.* 236: 536, 1948.
2. Cushney, A. R.: *Textbook of Pharmacology and Therapeutics*, ed 10, Philadelphia, Lea & Febiger, 1943, pp. 436-437.



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Allergy diets!

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equivalent to more than 400 eggs



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equivalent to at least 8 slices of liver



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equivalent to about 14 servings of spinach



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equivalent to almost 4 quarts of milk



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equivalent to more than 15 apples



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duction of cancers of the respiratory tract."

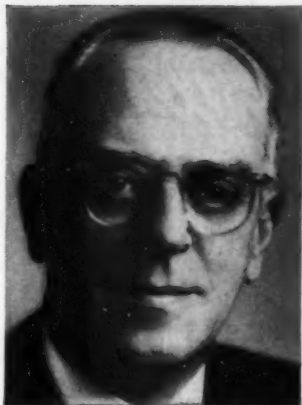
¶ Dr. Max Cutler, a Chicago cancer surgeon: "I feel strongly that the blanket statements . . . which appeared in the press that there is a direct and causative relation between smoking . . . [and] cancer of the lung are absolutely unwarranted."

¶ Dr. William F. Rienhoff Jr., of Johns Hopkins University: "There has to my knowledge . . . been no factual proof whatever produced to support the loose, unscientific and irresponsible statements that are continuously appearing in newspapers and magazines."

But the American Cancer Society has reaffirmed its position on the other side of the fence. While it admits that the facts are not yet conclusive, the society maintains that the available evidence "justifies suspicion that smoking does . . . increase the likelihood of developing cancer of the lung."

### Should Doctors Be Paid For Committee Work?

Private practitioners should be reimbursed for their service on national medical committees. That, at least, is the opinion of Dr. Frank A. Weiser of Grosse Pointe, Mich. He points out that many an M.D. "is already loaded down with his hospital and local and state society obligations." And, Dr. Weiser maintains, few physicians "can afford the fur-



**PAY YOUR OFFICERS** for the time and effort they spend serving on medical society committees, advises Dr. Frank A. Weiser.

ther loss of income and time and expense of working on national committees."

Writing in the *Detroit Medical News*, he suggests that the hard-working committeemen be paid from medicine's public relations funds. This, Dr. Weiser feels, "might be the most effective use of [such] monies."

### 'The Place to Buy Drugs Is in the Drugstore'

"Would you let your *butcher* operate on you? It would be as sensible as buying medicine in a grocery store!"

As one weapon in their campaign

# are monthly statements a *bottleneck?*

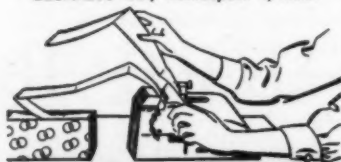
Complete billing in  
**HALF THE TIME**  
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## NEWS

against supermarket drug sales, New Jersey pharmacists are now distributing a leaflet with this message on its cover. Contending that the drug-store is the only safe place in which to buy drugs, the leaflet explains why:

"Your pharmacist . . . won't let you buy a laxative for abdominal pains . . . he'll advise you to see a doctor first!"

## Rx for Tired M.D.s

Working too hard? One airline has a prescription for you. Yes, quite literally, a prescription—as well as a novel advertising device:

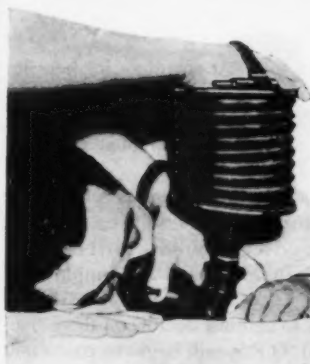
Not long ago, TWA mailed little sacks to some 120,000 M.D.s and other professional men all over the country. Inside each sack was a pill box. Inside each pill box was a giant "horse capsule." And inside each capsule was a rolled-up Rx pointing out that a TWA trip to Arizona is good medicine for "weary bones and jangling nerves."

Traffic to Phoenix has picked up lately, say airline officials. They believe their capsules helped.

## Decries Too Mechanical Care of Patients

Modern medicine is too prone to use "assembly-line" techniques, Dr. Glen R. Shepherd has told readers of his syndicated column. Rejecting clinic medicine, which tends to "compare human beings with machines," he calls for a re-emphasis on





*to save seconds  
that save lives...*

EVERY DOCTOR NEEDS

*Kreiselman*  
**BELLOWS-TYPE  
RESUSCITATOR**

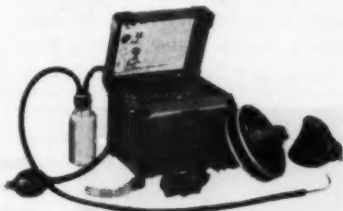
Every doctor realizes the need for speedy and effective resuscitation in the treatment of respiratory arrest cases. The Kreiselman Bellows-type resuscitator with aspirator has been designed to meet this requirement.

... **COMPACT** so that it can be kept in your office or car

... **COMPLETE** with aspirator so that mucus or foreign matter may be removed from the respiratory tract to insure effective resuscitation

... **COMPATIBLE** with most therapy oxygen metering devices that are available. Resuscitation can be started immediately with air, and oxygen added when available, without interrupting the resuscitation

... **CONVENIENT** for all needs because it is portable (carrying case is included)



Model 116 with aspirator, mask, airway, elbow and carrying case.

Be prepared for accidents or emergencies arising in your office by letting the Kreiselman Model 116 resuscitator help you save seconds that may save a life.

For further information, contact your nearby OHIO branch office or Ohio dealer, or send coupon for catalog.

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individualized care by "one competent physician—one who knows your hopes and fears as well as your stomach."

Specialists "are certainly needed" and should be consulted "when one's physician wants some extra help," he admits. But he deplores the average layman's assumption "that the more doctors you see in a medical production line . . . the better medical care you have."

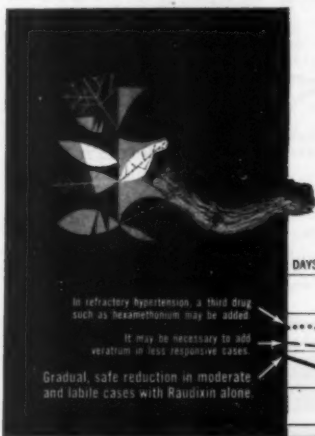
### Aides Get Special Blue Shield Coverage

One more Blue Shield plan has made a strong bid for subscribers among doctors' aides. Oregon Physicians Service now offers the sec-

retary low-cost coverage for herself and her family, with a special deductible feature based on the fact that she gets much of her medical care free.

The contract provides full coverage for the aide herself—except that no medical benefits will be paid until the value of her employer's services to her reaches \$50. If she goes to another doctor, on the other hand, O.P.S. will begin to pay after the first home or office call in any illness.

Members of her family are entitled to payment for home and office calls for accidental injury and surgery only, not for sickness. And, of course, the deductible provision doesn't apply to them.



In refractory hypertension, a third drug such as hexamethonium may be added.

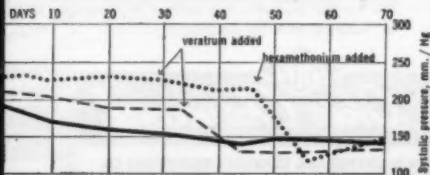
It may be necessary to add veratrum in less responsive cases.

Gradual, safe reduction in moderate and labile cases with Raudixin alone.

**Raudixin**, confirmed by time and test, is the most prescribed of rauwolfia preparations. It is the powdered whole root of *Rauwolfia serpentina*, containing all the alkaloids.

**NOTE:** Raudixin tends to augment and stabilize the effect of more potent hypotensive agents—makes smaller dosage possible.

**Raudixin alone and combined with other hypotensive agents.**



**BASE-LINE THERAPY** in hypertension

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in motion sickness

## BENACINE\* TABLETS

BENACINE Tablets (Benadryl® hydrochloride and hyoscine hydrobromide) reduce the incidence and severity of nausea and vomiting associated with air, sea, or land travel. Comparisons with hyoscine alone and with placebos have confirmed the superior effectiveness of BENACINE Tablets in motion sickness.

In Parkinsonism BENACINE Tablets relieve tremor and rigidity in patients with Parkinsonism—frequently within 24 to 48 hours—and increase initiative and ability to work. Marked improvement can be expected in about half of the patients, moderate response in almost a third more.

Supplied: Bottles of 100 tablets.  
Each tablet contains Benadryl hydrochloride, 25 mg., and hyoscine hydrobromide, 0.325 mg.

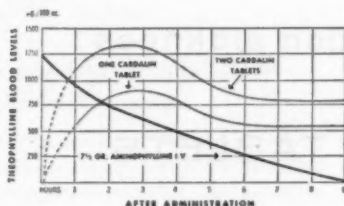
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*Parke, Davis & Company*  
DETROIT, MICHIGAN

## EVEN MORE EFFECTIVE ORALLY Than Aminophylline Intravenously

Now you can give 5 grains of aminophylline orally with better results and complete safety. Of the oral aminophyllines, only Cardalin produces higher and better sustained blood levels than those attained with the customary intravenous dose of  $7\frac{1}{2}$  grains.



(Adapted from Bickerman, H. A., et al.: *Ann. Allergy* 11: 301, 1953, and Truitt, E. B., Jr., et al.: *J. Pharmacol. & Exper. Therap.* 100: 309, 1950.)

Bickerman, et al.<sup>1</sup> found that "the plasma theophylline levels on 300 and 600 mg. of Cardalin (1 and 2 tablets) revealed appreciable concentrations of theophylline in the circulating blood as long as seven hours after administration."

Aminophylline, an excellent drug, had to be made effective and practical orally. One of the principal problems of aminophylline has been that of administration. A small oral dosage of  $1\frac{1}{2}$  gr. or even 3 gr. does not produce theophylline blood levels high enough to accomplish the therapeutic objective. Attempts to achieve signifi-

# Cardalin

tablets

cant plasma theophylline levels with higher oral dosage failed because of the high incidence of nausea and vomiting.

Irwin-Neisler research teams worked on the formulation of an oral dosage of aminophylline which would be therapeutically effective and well tolerated by the majority of cases under intensive treatment. For the first time, the highest concentration of aminophylline for oral administration is supplied in Cardalin tablets. By the use of two protective factors, Cardalin enables the physician to administer high doses of aminophylline with a comparatively low incidence of gastrointestinal disturbance.

Each Cardalin Tablet contains:

Aminophylline.....5.0 gr.  
Aluminum Hydroxide.....2.5 gr.  
Ethyl Aminobenzoate.....0.5 gr.

*Supplied:* Bottles of 50, 100, 500 and 1000.

Also available **Cardalin-Phen** containing  $\frac{1}{4}$  gr. phenobarbital per tablet.

1. Bickerman, H. A., et al.: *Ann. Allergy* 11: 301, 1953.

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DECATUR, ILLINOIS

## • Index of Advertisers •

<b>Abbott Laboratories, Inc.</b>		<b>Carbisulphoil Co.</b>	
Erythrocin .....	16, 17	Foille .....	246
Iberol .....	260	<b>Central Pharmacal Company, The</b>	
Selsun .....	208, 209	Nocoyten .....	213
Vi-Daylin .....	176, 177	<b>Ciba Pharmaceutical Products, Inc.</b>	
<b>Alden Company, John</b>		Femandren Linguets .....	162
Tobacco Products .....	192	Metandren Linguets .....	12
<b>American Cyanamid Company</b>		Serpasil .....	28, 245
Sulfa Drug Facts .....	79	Serpasil-Appresoline .....	236, 244
<b>American Ferment Co., Inc.</b>		<b>Clay-Adams Company, Inc.</b>	
Al-Caroid .....	243	Autoclip Applier and Remover .....	74
<b>American Hospital Supply Corporation</b>		<b>Crookes Laboratories, Inc.</b>	
Travert 10%—Electrolyte Solutions .....	18	Mephosal .....	70
<b>American Sterilizer Company</b>		<b>Cutter Laboratories</b>	
Junior Autoclave .....	214	Polysal .....	69
<b>American Television &amp; Radio Co.</b>			
ATR Inverters .....	224	<b>Debistev Company</b>	
<b>Ames Company, Inc.</b>		Bill-a-Pak .....	270
Apromal .....	215	<b>Desitin Chemical Co.</b>	
Clinitest .....	175	Desitin Ointment .....	42
<b>Armour and Company</b>		<b>Dictaphone Corporation</b>	
Dial Soap .....	87	Dicataphone Time-Master .....	13
<b>Armour Laboratories, The</b>			
Armatinic .....	196	<b>Eaton Laboratories</b>	
Arnyl .....	67	Furadantin .....	96
HP* ACTHAR Gel .....	164, 181	<b>Edison Chemical Co.</b>	
Nidar .....	186, 187	Dermassage .....	33
Thyral .....	266	<b>Edison, Inc., Thomas A.</b>	
<b>Arnar-Stone Laboratories, Inc.</b>		Edison Voicewriter .....	65
Americaine .....	250	<b>Endo Products, Inc.</b>	
Silicote .....	246	Mesopin-PB .....	53
<b>Astra Pharmaceutical Products, Inc.</b>		<b>Esta Medical Laboratories, Inc.</b>	
Xylocaine Ointment 5% .....	258	Lanteen .....	211
<b>Ayerst Laboratories</b>		<b>Everest &amp; Jennings, Inc.</b>	
"Beminal" Forte with Vitamin C .....	268	Wheel Chairs .....	278
"Mediatric" .....	23		
		<b>Fairbanks, Morse &amp; Co.</b>	
<b>Bauer &amp; Black (Div. of The Kendall Co.)</b>		Scales .....	82
Curity Adhesive Ties .....	30, 31	<b>Fleet Co., Inc., C. B.</b>	
Tensor Elastic Bandage .....	54	Fleet Enema Disposable Unit .....	88
<b>Baxter Laboratories, Inc.</b>		<b>Florida Citrus Commission</b>	
Travert 10% Electrolyte Solutions .....	18	Citrus Fruits .....	238
<b>Becton, Dickinson &amp; Co.</b>			
Ace Rubber- Elastic Bandage } Ace Elastic } Hosiery }	Insert between 96, 97		
<b>Beech-Nut Co.</b>		<b>Geigy Pharmaceuticals (Div. of Geigy Chemical Corporation)</b>	
Baby Foods .....	251	Butazolidin .....	76
<b>Birtcher Corporation, The</b>		<b>General Electric Company, X-Ray Department</b>	
Birtcher Ultrasonic Unit .....	94	G-E Diagnostic X-Ray Units .....	27
<b>Bischoff Company, Inc., Ernst</b>		<b>Gerber Products Co.</b>	
My-B-Den .....	43	Strained Meats .....	257
<b>Bloom, Chas.</b>			
Maternity "comfort pillow" .....	242	<b>Heinz Company, H. J.</b>	
<b>Borden Company, The</b>		Baby Foods .....	247
Dryco .....	75	<b>Hoffmann-La Roche, Inc.</b>	
<b>Boyle &amp; Company</b>		Elixir Alurate "Roche" .....	55
Insert between 256, 257*		Ilidar .....	Insert between 232, 233
<b>Brayten Pharmaceutical Company</b>			
Insert between 256, 257*			
<b>Burdick Corporation, The</b>			
EK-2 Direct-Recording Electrocardiograph .....	86		

\*In specified territories

[MORE]

## INDEX OF ADVERTISERS

<b>Holland-Rantos Company, Inc.</b>		<b>Medical Case History Bureau</b>	
Koromex	206	Info-Dex	246
<b>Horlicks Corporation</b>		<b>Merck &amp; Co., Inc.</b>	
Nulacin	232	Vitamins	20
<b>Hyland Laboratories</b>		<b>Merrell Co., The Wm. S.</b>	
Hyland Liquid Plasma	180	Bentyl	190, 191
		Kolantyl	IFC
		<b>National Drug Company, The</b>	
		Parenzyme	46, 47
		<b>Nepera Chemical Co., Inc.</b>	
		Choledyl	248
<b>Irwin, Neisler &amp; Company</b>		<b>Ocey-Crystine Laboratory</b>	
Cardalin Tablets	274	Ocey-Crystine	242
Obocecl	197	<b>Ohio Chemical &amp; Surgical Equipment Co.</b>	
<b>Ives-Cameron Company, Inc.</b>		Kreiselman Bellows-Type Resuscitator	271
Monichol	61		
<b>Jackson-Mitchell Pharmaceuticals, Inc.</b>		<b>Parke Davis &amp; Co.</b>	
Hi-Pro	193	Benacine Tablets	273
<b>Johnson &amp; Johnson</b>		<b>Patch Co., The E. L.</b>	
Elastic Bandage	14	Kondremul (Plain)	207
Red Cross Adhesive Tape	199	<b>Pfizer Laboratories Div. of Chas. Pfizer &amp; Co., Inc.</b>	
		Cortril Topical Ointment	241
<b>Kaywoodie Pipes</b>	194, 195	<b>Phillips Co., Chas. H.</b>	
<b>Kimble Glass Company</b>		Phillips' Milk of Magnesia	66
Kimble Color-Break Ampul	71	<b>Pitman-Moore Company</b>	
<b>Kinney &amp; Company, Inc.</b>		Rutol	59
Ammorid	49	<b>Proctor &amp; Gamble Co., The</b>	
Emetrol	169	Ivory Handy Pads	BC
<b>Knox Gelatine Company, Charles B.</b>		<b>Professional Equipment Co.</b>	
Gelatine	Insert between 32, 33	Profexray	41
<b>Kremers-Urban Company</b>		<b>Professional Printing Company, Inc.</b>	
Salimeph-C	174	Histacount	210
<b>Lakeside Laboratories, Inc.</b>		<b>Ralston-Purina Company</b>	
Dactil	217	Ry-Krisp	267
Neohydrin	22	<b>Raytheon Manufacturing Co.</b>	
<b>Lederle Laboratories</b>		Micronaire	Insert between 192, 193
Achromycin	222, 223	<b>Resinol Chemical Co.</b>	
Aureomycin Triple Sulfas	183	Resinol Ointment	250
Revicaps	51	<b>Riker Laboratories, Inc.</b>	
<b>Leeming &amp; Co., Inc., Thos.</b>		Rauwidrine	32, 198, 212, 218, 240, 252
Calmitol	279	Rauwiloid	166, 167
<b>Lloyd Brothers, Inc.</b>		Serpiloid	256
Roncovite	34, 35	<b>Robins Company, Inc., A. H.</b>	
<b>Lilly and Company, Eli</b>		Donnatal Plus	219
Co-Elorine	170, 171	Mephate	38, 39
Co-Pyronil	29	<b>Roerig &amp; Company, J. B.</b>	
Trinsicon	84	AmPlus	15
<b>Lincoln Laboratories, Inc.</b>		Anti-Stress Formula	237
Hexathricin Aeropak	225	Heptuna Plus	221
<b>Lorillard Company, F.</b>		Tetracycln	24, 25
Kent Cigarettes	230, 231		
<b>McKesson &amp; Robbins, Inc.</b>		<b>Sanborn Company</b>	
Octofen	173	Viso-Cardiette	90
<b>McNeil Laboratories, Inc.</b>		<b>Sandoz Pharmaceuticals, Inc.</b>	
Clistin Maleate	72, 73	Belergal	202
<b>Maltbie Laboratories, Inc.</b>		Plexonal Tablets	91
Calpurate	95	<b>Schenley Laboratories, Inc.</b>	
<b>Massengill Company, S. E.</b>		Sedamyl	92
Livitamin with Iron	185	<b>Schering Corporation</b>	
<b>Mead Johnson &amp; Company</b>		Dormison	Insert between 224, 225
Mejalin	93	Prantal	Insert between 224, 225
Natalins	37	<b>Scholl Mfg. Co., Inc., The</b>	
Panalins-T and Panalins	80, 81	Dr. Scholl's Arch Supports	250
Poly-Vi-Sol — Tri-Vi-Sol	205		

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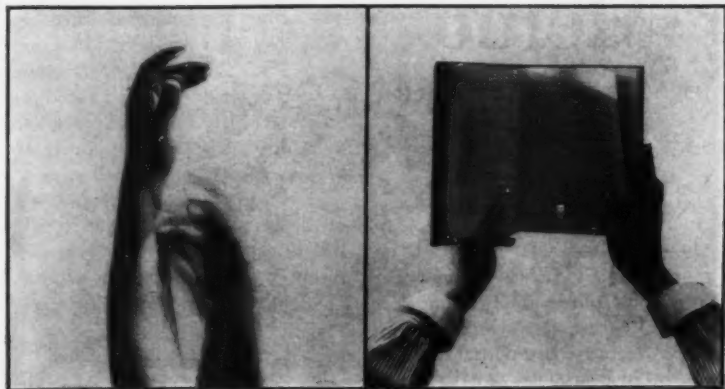
278

## INDEX OF ADVERTISERS

Searle & Co., G. D.	
Ketochol .....	234, 235
Sharp & Dohme, Inc.	
Melozets .....	IBC
Remanden .....	188
Stolic Forte .....	44
Sherman Laboratories	
Protamide .....	89
Shield Laboratories	
Riasol .....	254
Smith Company, Martin H.	
Ergoapiol .....	36
Smith-Dorsey	
Crystoserpine .....	253
Smith, Kline & French Labs.	
Thorazine .....	56, 57
Trophite .....	68
Teldrin Spansule } Insert between 64, 65	
Spansule Capsules }	
Spencer Industries	
Illuminated Plexiglas Signs .....	242
Squibb & Sons, E. R.	
Raudixin .....	26, 220, 228, 272
Strassenburgh Co., R. J.	
Strascogestic .....	277
Strong Company, R. H.	
Chologestin — Tablogestin .....	216
Taylor Instrument Companies	
Tycos Pocket Aneroid .....	10
United States Brewers Foundation	
Beer .....	40
U. S. Vitamin Corp.	
Methischol .....	200, 201
Upjohn Company, The	
Cyclogesterin Tablets .....	11
Wampole & Company, Inc., Henry K.	
Clortran .....	226, 227
Wander Co., The	
Ovaltine .....	229
Warner-Chilcott Laboratories	
Agoral .....	52
Anusol .....	172
Gelusil .....	184
Tedral .....	178
Welch Allyn, Inc.	
Anoscopes .....	83
White Laboratories, Inc.	
Mol-Iron Panhemic 50, 62, 63, 78, 168, 182	
Whitehall Pharmacal Company	
Anacin Tablets .....	264, 265
BiSoDol .....	85
Whittier Laboratories	
Arthralgen .....	204
M Minus 5 .....	60
Winthrop-Stearns, Inc.	
Theominal .....	262
World Medical Association	
Wyeth, Inc.	
Streptomagma .....	161
Sulfase .....	19



## Of two patients with poison ivy...

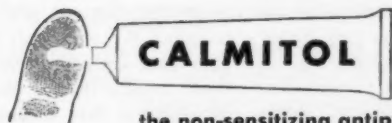


*one aggravates the dermatitis venenata by vicious scratching; the result: excoriation and infectious eczematoid dermatitis.*

*the other is not disturbed by itching. The dermatitis venenata is permitted to clear rapidly and without annoying complications.*

## Calmitol makes the difference:

Nonsensitizing and free of the dangers of "rebound dermatosis," Calmitol is "preferred"<sup>1</sup> by physicians for its safe and prolonged antipruritic action.



**the non-sensitizing antipruritic**

1½ oz. tubes and 1 lb. jars

I. Lubowe, I. I.: New York State J. Med. 50:1743, 1950.

*Thos. Leeming & Co. Inc.* 155 East 44th Street, New York 17, N. Y.

# Memo

## FROM THE PUBLISHER

### Facts First

An editor's first duty, certainly, is to tell the truth as he sees it. Even more certainly, he'll sometimes get into a peck of trouble by doing so.

Take an article we published on Social Security. It reported that one doctor in every two would like to have Social Security coverage.

This, as we saw it, was a simple truth. It stemmed from a survey we had just made of a cross-section of the entire profession.

Yet we were immediately taken to task by some readers who, having strong opinions one way or another, thought we'd slanted our report in favor of the *other* side.

Some correspondents claimed our report was too friendly to Social Security. A spokesman for a medical society in Texas labeled it "Government propaganda." A physician in Indiana charged that we had "jumped into the socialist fly trap."

Others felt that our presentation wasn't favorable enough. "Your magazine can best help medicine by showing doctors how much they stand to gain by joining Social Security," said a Western G.P.

A few doctors even challenged our statistics. Our own survey, re-

member, had revealed a fifty-fifty split among physicians. But in short order we were told about (1) a poll made by a Congressman, in which five out of six doctors had voted *for* Social Security; and (2) a poll taken by a state medical society, in which six out of seven had voted *against*.

What's the answer? Why do we, in the face of conflicting evidence, still believe in our report? Mainly because our position as an independent national magazine gives us a natural advantage in getting at such facts.

For example, our surveys aren't distorted by geographical differences. The Congressman's poll covered one county; the medical society's, one state; ours, the nation.

Then, too, our surveys aren't affected by partisanship. The Congressman was an ardent advocate of Social Security for doctors; the medical society was an ardent opponent. Such sponsorship almost inevitably colors the wording of the questions—and the results.

No such influences operate when a doctor participates in a MEDICAL ECONOMICS survey. We have no ax to grind. We want only to discover your true feelings—and to report them accurately. For as we said in an editorial that accompanied the Social Security article, our purpose in making such a survey is simply to provide you with the facts that help you make up *your own* mind.

That, we believe, is what you want, too.

—LANSING CHAPMAN



**SHARP  
& DOHME**  
DIVISION OF MERCK & CO., Inc.  
Philadelphia 1, Pennsylvania

PHOTOGRAPH BY CHARLES KERLEE

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physiologically, is one of the major organs of the human body. To be worthy of daily use on such an organ a soap must meet the highest professional standards. And Ivory, as its widespread professional acceptance doubly proves, meets those standards in full measure—year after year. In this sense, Ivory has grown younger with the years.

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